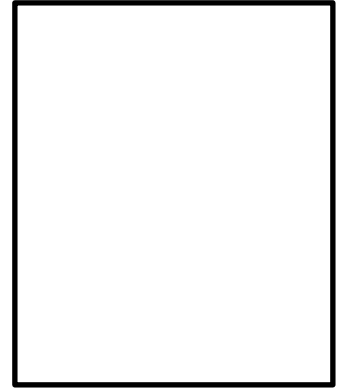




Mary of Nazareth Catholic School
14131 SENECA ROAD
DARENESTOWN, MD 20874

Phone 301-869-0940

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Parent Checklist for Food Allergy & other Severe Allergies

School Year: 2020 to 2021 *Please return completed Form to School RN*

Student Full Name _____ Grade/Classroom _____

Allergic to: _____

***NOTE: MoN is NOT a nut/allergen-free school, however efforts are made to keep exposure risk minimal**

Required (check off items as you complete them):

- Complete Parent sections of Allergy Agreement & Action Plan (*Forms available on MoN website*)
- Have your Physician/Medical Provider complete & sign their portion of all Health Room forms.
*** NEW *** The physician order for Epinephrine and antihistamine are on 1st page. ***
- Complete NASN form to help provide nurse with more information related to your child's allergies.
- Submit Forms, Rx labeled Emergency Medication and any needed supplies to Health Room RN.
- Attach recent photo** of your child to **upper right corner**.
- Identify allergens, discuss precautions & review allergic reactions/symptoms with your child.
Instruct child to tell Teacher & go to Health Room immediately if exposed to/ingests allergen or has symptoms.
- Provide disposable antiseptic wipes for your child to clean off their desk *before* eating/ snacks.
- Send in a personal supply of allergy-free, individually-wrapped, non-refrigerated snacks for your child if a substitution is needed for special occasions.
- Although, MoN staff is trained, plan to accompany your child on school field trips & outdoor events, or make arrangements for a qualified substitute chaperone who knows Emergency Allergy Management & EpiPen procedures. Your child's EpiPen is carried by their teacher on fieldtrips in your absence.

Optional (check off or add items appropriate to your child's classroom needs):

- Place "Allergic to: _____" sticker or warning sign on student's desk
- Have your child wear a Medic-Alert ID bracelet
- Student sits at the allergy table

Parent/Guardian name _____ Cell Phone _____

Signature _____ Date _____ Work phone _____