Dear Parents,

Today, one in 13 children has food allergies, or roughly two in every classroom. Nearly 40 percent of these children have already experienced a severe or lift-threatening allergic reaction.

In response to this emerging epidemic, the Centers for Disease Control and Prevention (CDC) in 2013 published guidelines for managing food allergies designed to help schools avoid, recognize and treat allergic reactions while ensuring that students with food allergies are safely included in school activities.

The Jefferson School District is home to a number of students who have severe allergies. If these students are exposed to nuts by way of ingestion, touch and even through the air, the student may develop a life-threatening allergic reaction that requires emergency medication and medical treatment. In order to reduce the risk of exposure for these students, we are asking for your assistance.

In 2016 The Jefferson School District implemented a number of safety guidelines surrounding allergy-related concerns. In addition to these, the district would also like to require the following from our parents:

- Please do not send any nuts/nut oil containing products to be eaten in the classroom.
- Please do not bring in any of the aforementioned products for classroom celebrations.
- In the cafeteria there is a designated nut-free table. Your child will only be allowed to sit at this table if their lunch is nut-free. If this is not the case, your child will be asked to move so that we can maintain the safety of the students who are at risk.
- We encourage good hand-washing at school before and after meals and returning to the classroom. In addition, wipes and hand sanitizers are available for use so that we can reduce the risk of exposure to allergens as well as illness. We would like to also encourage your children to wash their hands at home before arriving at school, if they have consumed nut containing products for breakfast.

We appreciate your attention to and your cooperation with the implementation of these guidelines.

Students with food allergies develop a sense of security when a positive school environment is created and accommodations such as these are put into place to ensure their physical and emotional well-being. For more information, please visit www.foodallergy.org/CDC.

**Nut-Free alternatives: egg salad, tuna, deli meats, pasta, soups, chili, grilled cheese, fruits and veggies and popcorn.*

Instructions for Completing the Medication Administration Form

In compliance with Education Code 49423, no medication will be accepted or administered at school without meeting the following requirements. The procedure for administration of medication by prescription and/or non-prescription/over the counter (OTC) medication listed on the medication administration form will be expedited as follows:

1. Only medication prescribed by the student's physician as being necessary to be taken by the student in the manner listed on the medication administration form should be brought to school. The form **MUST BE COMPLETE** and include required parent and prescribing physician signatures.

2. Medication brought to the school to be administered to the student according to the provisions listed on the medication administration form shall be in the **ORIGINAL** prescription or manufacturer's container/packaging, clearly marked with the student's name, the prescribing physician, and the medication name, dose, route, time/frequency and the pharmacy, if physician prescribed.

3. Medications that contain narcotics (Some pain and cough relief medications) **WILL NOT** be administered at school.

4. All medications will be in a cool dry and secured place inside the school office. Any special instructions for storage or security measures of any medication should be written by the prescribing physician on the medication administration form.

5. Parent/Guardian or adult 18 years or older shall deliver the medication and the completed administration form to the school office. **DO NOT SEND MEDICATION TO SCHOOL WITH YOUR STUDENT**.

6. Parent/Guardian or adult 18 years or older shall pick up remaining medication during the last week of school. **THE SCHOOL SITE IS NOT RESPONSIBLE FOR MEDICATION LEFT IN THE OFFICE DURING THE SUMMER**.

7. If continuance of medication is necessary, a new medication administration authorization form **MUST** be completed **ANNUALLY** at the beginning of the year.

JEFFERSON SCHOOL DISTRICT
1219 Whispering Wind Dr
Tracy, CA 95377

Administration of Medication and Liability Release

School Year 20___/___

School _____

Section 49423 of the California Education Code allows students to take medications prescribed by a physician during the school day, to be assisted by designated school personnel with the medication or to carry and self-administer ***CERTAIN*** medication when authorized in writing by the student's parent/guardian ***AND*** physician.

STUDENT NAME: _____ BIRTH DATE: _____

CURRENT ADDRESS: _____ CONTACT NUMBER: _____

PARENT/GUARDIAN AUTHORIZATION (Please refer to page 1 for medication requirements)

In accordance with Education Code 49423 sections (a), (b 1, 2 & 3), and (c), 49423.1 sections (a), (b 1, 2 & 3) and (c) and 49407, I, the undersigned parent/guardian of the above named student hereby authorize:

_____ A School Nurse or designated school personnel to ***ASSIST*** my child with medication administration, monitoring, and testing according to the physician's instructions and authorization below.

_____ ***IF APPLICABLE,*** my child to ***CARRY AND/OR SELF-ADMINISTER:*** auto-injectable epinephrine ( ) inhaled asthma medication ( ) and/or insulin and blood sugar monitor/supplies ( ) according to the physician's instructions and authorization below.

In accordance with California Education Code 49407, I hereby RELEASE, DISCHARGE, AND HOLD HARMLESS the ***JEFFERSON ELEMENTARY SCHOOL DISTRICT,*** it's officers, employees and agents from all liability, including injury, death, adverse reactions, or other damages which may arise from the self-administration or assistance with medication administration according to the undersigned parent/guardian and physician described herein.

I agree to provide the medication(s) indicated below in original prescription or manufacturer's containers, which are labeled with the name of the child, the prescribing physician, the medication and dosing instructions. I further authorize the School Nurse or designated school personnel to consult with the prescribing physician should any questions arise, (49480).

I understand that continuous medication requires ***ANNUAL AUTHORIZATION*** to the school's office at the beginning of each year.

_____ _____

Print Parent/Guardian Name Parent/Guardian Signature

PHYSICIAN AUTHORIZATION (This section to be completed by the prescribing physician only)

Condition for which medication(s) are being administered: _____

NAME OF MEDICATION	DOSAGE	ROUTE	FREQUENCY/TIME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Possible reaction(s) requiring physician notification: _____

Storage Requirements: _____START DATE: _____STOP DATE: _____

_____ I authorize my patient to ***CARRY AND/OR SELF-ADMINISTER:*** auto injectable epinephrine ( ) inhaled asthma medication ( ) and/or insulin and blood sugar monitor/supplies ( ) according to my instructions and authorization stated herein.

_____ I confirm that I have instructed my patient in the procedures, dosing, and timing by which the above medication(s) is/are to be administered and he/she is ***COMPETENT*** in the self-administration of prescribed medication(s) California Education Code(s) 49423 sections (a), (b 1, 2 & 3) and (c), 49423.1 sections (a), (b 1, 2 & 3) and (c)

_____ _____

Print Physician Name Physician's Signature Date

_____ _____ _____

Physician's Address Phone Number Fax Number