

Gardner Public Schools

Rebecca A. McCaffrey, *Nurse Leader*



www.gardnerk12.org

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Dear Parents,

The top priority of the Gardner Public School system is safety for all students. One way that we can promote safety for children with life-threatening food allergies is to reduce/prevent the identified allergen in the child's school environment.

The number of children affected with peanut/nut allergies has increased annually. More of our own students are coming to school with this type of food allergy. Most children with peanut/nut allergies require medication called Epinephrine (aka Epi-Pen) when exposed to an allergen to prevent them from having an anaphylactic allergic reaction that can cause them to have difficulty breathing and even lead to respiratory arrest. Children who are allergic to peanuts/nuts may not even need to ingest the peanut/nut to have a reaction. Even the slightest contact on their skin with a trace amount of peanut oil can be enough exposure to the allergen to produce a life-threatening reaction.

Due to the number of children in the elementary schools who have peanut/nut allergies, Gardner Public Schools advises children not to bring peanut butter or any peanut/nut products into the school buildings. We understand that some children are picky eaters. There are some children that will only eat peanut butter and jelly sandwiches. There are alternatives to peanut butter that are made without nuts. One is called Soy-nut butter. For those children who are picky eaters this may be an option. Also, teaching children now that there are other alternatives to their favorite food will provide them with an opportunity to learn to try new things, which will benefit them over time.

It is our responsibility to provide a safe learning environment for all of our students. As a parent, I'm sure you can imagine how you would feel if your child had a peanut/nut allergy. So, please do your best to make sure your child does not bring any peanut/nut containing products to school. Please keep in mind that some snack foods, like granola bars, contain nuts and you may not even realize it unless you read the label.

With your cooperation, we can significantly reduce the chance of a child with a peanut/nut allergy from having a potentially life-threatening allergic reaction at school.

Thank you for your cooperation,

Rebecca A McCaffrey, BSN, RN, NCSN (GPS School Nurse Leader)

**GARDNER PUBLIC SCHOOLS
Annual Emergency Health Services Form**

The information on this form assists us in caring for your child should he/she become ill or injured at school. School Nurses are able to access your child's immunizations on the MIIS, (Massachusetts Immunization Information System), database, if you have given permission to your child's provider to share the immunization history. Visit <https://www.mass.gov/service-details/massachusetts-immunization-information-system-miis> for more information.

Please notify the school if any information changes during the school year.

Student's Name _____ DOB: _____ Grade _____

Address _____ Town/State/Zipcode: _____

Home phone: _____ Teacher/Homeroom _____

Parent/Guardian _____ Relation to student: _____ Cell phone: _____

Place of employment _____ Work hours: _____ Work phone: _____

Parent/Guardian _____ Relation to student: _____ Cell phone: _____

Place of employment _____ Work hours: _____ Work phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Psychologist: _____ Phone: _____

Counselor: _____ Phone: _____

Social Worker: _____ Phone: _____

Child lives with: _____ Primary Home Language: _____

Are there any **legal restrictions** on the release of your child or his/her records to the non-custodial parent? Yes No (If yes, please provide legal documentation to the principal.)

Siblings at Gardner Public Schools:

Sibling name: _____ Grade: _____
1. _____
2. _____
3. _____
4. _____

Insurance: (please circle)

BCBS Fallon Tufts Cigna
Harvard Pilgrim Aetna
Mass Health Network Health
Uninsured

Other _____

If the parent or guardian cannot be reached, please list who we may contact to assume temporary care of your child.

Name	Phone #	Relationship to child

FOOD ALLERGIES: *No substitution for school lunches can be made without a physician's order. If your child has an allergy or intolerance to food, you must contact the school nurse to discuss the allergy or intolerance.* Due to the high incidence of peanut/tree nut anaphylaxis allergy among our students, we are NUT AWARE. We cannot guarantee that there are no nuts or nut products brought into schools, however, All schools discourage nuts or nut products to be brought into school. The school lunch program does not serve anything with nuts or nut products.

Bee Stings Latex Allergy Medications: Environmental
Seasonal Carries an Epi-Pen: Yes No
Describe your child's reaction: _____

PLEASE COMPLETE BACK SIDE OF FORM

ILLNESS/CHRONIC CONDITONS: Indicate if your child has experienced any of the following below.

Asthma <input type="checkbox"/>	Anxiety <input type="checkbox"/>	Attention Deficit <input type="checkbox"/>	Autism <input type="checkbox"/>
Celiac <input type="checkbox"/>	Depression <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Eating Disorder <input type="checkbox"/>
Fainting <input type="checkbox"/>	Heart condition <input type="checkbox"/>	Migraine <input type="checkbox"/>	PTSD <input type="checkbox"/>
Seizures <input type="checkbox"/>	Scoliosis <input type="checkbox"/>	Mobility concerns <input type="checkbox"/>	Toileting concerns <input type="checkbox"/>

Briefly describe illness/chronic condition: _____

Has the student been hospitalized in the past year? If so, why? _____

Please check if student is on an IEP Please check if your student has a 504 plan

Has the student had a concussion in the past year? yes no

If yes, please explain symptoms/recovery time: _____

Other Medical concerns: _____

Vision: Glasses: Yes No Contact lenses: Yes No **Hearing:** Ear tubes: Yes No

Medications: Please list prescribed and over the counter medications your child takes: Please provide name and dose of medication.

**A reminder that this information is kept confidential.*

1. _____
2. _____
3. _____
4. _____

Sports: Do you know of any reason your child should not participate in sports/gym? Yes No

Please explain: _____

**A physical is required upon entering school, upon admittance to the fourth, seventh, and tenth grades, and annually for school sports at the middle and high school level.*

Middle School/High School only- Will your child be participating in a school sport this year? Yes No

Please list which sports your child will participate in:

1. _____ 2. _____ 3. _____

Please complete the following items with asterisks:

I, * _____, Parent/Guardian of * _____

: (print Parent/guardian name)

(print child's name)

DO give permission for health information to be shared with necessary school staff.

DO give permission for communication between my child's medical and/or psychiatric provider and the school nurse.

DO give permission to fax between my child's medical and/or psychiatric provider and the school nurse.

DO grant the right to obtain emergency medical treatment for my child.

DO give permission for ambulance transport to the nearest hospital. Payment for any and all medical treatment is the financial responsibility of the parent/guardian.

This information is valid for one year from date of your signature.

***Parent/Guardian Signature:** _____ ***Date:** _____