



## **Polaris Expeditionary Learning School**

### **Parent Food Allergy Checklist for First Day of School (or for new diagnosis)**

**Notify school of student's allergens**

- School Nurse**
- School Health Technician**
- Crew Teacher**
- 504 Coordinator**
- Cafeteria Personnel**

**Provide appropriate life-saving medications & medication forms**

- Emergency Action Plan (EAP)**
- Health Care Action Plan (HCAP)**
- Completed Medication Administration Form(s)**
- Authorization for Self Carry & Self Administer Medications**
- 504 Plan or other Accommodation Plan**

**Discuss allergen avoidance and emergency procedures with other staff**

- Base Camp staff, before/after school**
- Other school teachers & staff**
- Cafeteria personnel**
- Coaches, club leaders or other extra-curricular leaders**

**Maintain up-to-date emergency contact information with school**

**Outfit student with medical alert identification**