

# Good Shepherd Lutheran Academy Allergy, Asthma, and Diabetes Management Plan

The faculty and staff at Good Shepherd Lutheran Academy are looking forward to an excellent year for your child. As a part of our management program, you and your child will work with the school faculty/staff, as well as your child's doctor, to develop and follow an action plan that will prevent and manage allergic, asthmatic, or diabetic emergencies.

If a child has an allergic reaction, an asthmatic attack, or a diabetic emergency, our faculty and staff are CPR/AED certified and have been trained at recognizing signs and symptoms of allergic reactions, asthmatic attacks, and diabetic emergencies.

In order to provide the best possible allergy, asthma, and diabetes management for your child at school, we need your help with the following:

## **PARENTS:**

- If your child has been diagnosed with any allergy that requires medical attention (food, bee, etc.) asthma, or diabetes you are required to submit a school provided Health Action Plan that includes yours **and** the Health Care Provider's (HCP) signature. These plans are found on our website at [www.gsladg.org](http://www.gsladg.org).
- You will fill out the medication form for any medication to be given at school to your child.
- You will meet with your child's teacher to discuss further preventative measures and to discuss the aforementioned action plan.
- **You will keep the school up to date on any changes in your child's diagnosis, as well as any newly discovered allergies.**

Good Shepherd Lutheran School and Precious Lambs Preschool will also be taking preventative measures to ensure the children's safety at school. **Good Shepherd Lutheran Academy will:**

- **Provide constant communication with the parents regarding the student's diagnosed health condition.**
- Keep all action plans in a binder in the main office as well as provide the classroom teacher with an action plan.
- Provide a peanut free lunch table in the lunch room
- Brief our CPR/AED certified faculty and staff on all action plans in the school
- Log use of medication administered in school. **The student must notify the teacher in self-medicating circumstances.**

Your child's safety is a priority at Good Shepherd Lutheran Academy. By signing this form, you are allowing Good Shepherd Lutheran Academy to administer the proper medication prescribed by the doctor to your child. Also, you are relieving Good Shepherd Lutheran Academy from any liability regarding allergic reactions and asthmatic reactions as long as the doctor-signed action plan was followed.

Student Name: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Parental permission is required for self-medicating students.

My child has permission to self-administer \_\_\_\_\_ (medication). My child must immediately inform the teacher after any self-medication.

Student Signature: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_

Date: \_\_\_\_\_