

Allergy and Anaphylaxis and Asthma Treatment Forms

Guidance to Districts



COLORADO
Department of Education

Background

Allergy and Anaphylaxis Standard Form

In early 2018, the Colorado Department of Education (CDE) along with a group of stakeholders made updates to the standard [Allergy and Anaphylaxis Emergency Care Plan and Medication Orders](#) form. This form outlines the symptoms, dosage requirements, and treatment plan for students experiencing allergic reactions. This form is intended to help parents, schools, and school personnel meet the food allergy and anaphylaxis management requirements under state law and rule. The new version of the form, which was released in March 2018, differs slightly from older versions in the severe symptom descriptions, treatment of severe and mild symptoms, and the administration of the second dose. There is also new language around parental consent, meal accommodations, and dietary needs. CDE understands that providers may have already completed the older version or a slightly modified version of the allergy and anaphylaxis form for students for the upcoming 2018-19 school year.

Asthma Treatment Plan

Around the same time that CDE made updates to the allergy and anaphylaxis standard form, it also updated the [Standard Asthma Care Plan](#). While not a required form, this form is a way for schools and districts to make sure they meet the statutory documentation requirements of an asthma treatment plan.

District Requirements

Allergy and Anaphylaxis

Under section 22-2-135, C.R.S., districts must provide notice to the parent or legal guardian of each student enrolled in a school of the school district of its food allergy and anaphylaxis policy. As part of this notice, districts must provide parents with the standard allergy and anaphylaxis form. The purpose of the form is to allow parents of students with known food allergies to provide the following information to the school administration:

- Documentation regarding the diagnosis and history of the student's food allergy;
- Identification of all foods to which the student is known to be allergic;
- Identification of any medication that has been prescribed for the student for the treatment of a food allergy or anaphylaxis;
- Any specific signs or symptoms that may indicate the student is having an allergic reaction to a food;
- Emergency treatment procedures to employ in the event that the student suffers an allergic reaction to food;
- The names and telephone numbers of persons whom the administration of the student's school should contact in addition to emergency medical personnel in the event that the student suffers an allergic reaction to food; and
- The name, telephone number, and signature of the student's primary health care provider.

Asthma

Section 22-1-119.5, C.R.S. requires an asthma treatment plan for student possession and self-administration of asthma medication. Under this section of law, students with asthma may possess and self-administer medication to treat the student's asthma if the student has an approved treatment plan or the district has adopted a policy for the possession and administration of prescription medication. Further, the treatment plan must meet the following conditions:



- A health care practitioner has prescribed medication for use by the student during school hours, at school-sponsored activities, and while in transit to or from school or school-sponsored activities and has instructed the student in the correct and responsible use of the medication.
- The student demonstrates to the health care practitioner or the health care practitioner's designee and the school nurse or a school administrator the skill level necessary to use the medication and any device that is necessary to administer the medication as prescribed.
- The school nurse or a school administrator collaborates with the student's health care practitioner to formulate a written treatment plan for managing asthma, food allergy, or anaphylaxis episodes of the student and for medication use by the student during school hours, at school-sponsored activities, and while in transit to or from school or school-sponsored activities.
- The student's parent or legal guardian completes and submits to the public or nonpublic school the documentation required by rule of the state board of education, including but not limited to:
 - A written medical authorization that includes the signature of the health care practitioner for the medication prescribed; the name, purpose, prescribed dosage, frequency, and length of time between dosages of the medications to be self-administered; and confirmation from the health care practitioner that the student has been instructed and is capable of self-administration of the prescribed medications;
 - A written statement from the student's parent or legal guardian releasing the school, school district, any associated entity, and employees and volunteers of the school, school district, and associated entity from liability, except in cases of willful or wanton conduct or disregard of the criteria of the treatment plan; and
 - A written contract between the school nurse or a school administrator, the student, and the student's parent or legal guardian assigning levels of responsibility to the parent or legal guardian, student, and school employees.

Next Steps

2018-19 School Year

Given the timing and release of the new allergy and anaphylaxis form and the associated legal requirements, CDE recommends that districts use the 2018-19 school year to transition to the new form. During this year, districts must still include the new standard [Allergy and Anaphylaxis Emergency Care Plan and Medication Orders](#) in their notice to parents and legal guardians. However, districts *may* accept an older or modified version of the form from health care providers, so long as that form meets the requirements specified in section 22-2-135, C.R.S. and outlined in the bulleted list above.

In addition, schools and/or districts are not required to use CDE's specific [Standard Asthma Care Plan](#) form for students with asthma. The decision to use CDE's form is a local decision that may also depend on the local board's policy for the possession and administration of prescription medication. As such, schools may issue flexibility for those pediatricians that would want to use a different form (so long as the above statutory requirements are met), but they are not required to offer that flexibility.

For further questions on the standard allergy and anaphylaxis form, treatment plans, or district requirements, please contact CDE's [Sarah Blumenthal](#), Assistant Director of Health & Wellness.