**Policy Booster: Student Exposure to Allergens**

This Policy Booster is a simple clarification in your existing policy on student exposure to allergens, ISFIS 532, that adds a level of medical diagnosis when parents wish to request a meeting to develop a plan to limit a student’s exposure. We have heard from districts that parents may sometimes assume their child has an allergy without having a confirmed medical finding. The addition of the phrase “based on the student’s physician’s recommendation” will save district staff from working to develop such plans when not necessary.

**Sample Draft Policy**

We’ve attached redlined and clean versions of our sample Board Policy 532 Student Exposure to Irritants and Allergens, and 532.1 Parental Identification of Student Irritant and/or Allergen Form for your reference. Contact [margaret@iowaschoolfinance.com](mailto:margaret@iowaschoolfinance.com) with questions.

***The “dot your I’s and cross your T’s” disclaimer:*** *This Policy Booster is not a substitute for legal advice, but rather, the impetus to get the local ball rolling. Check with your local school attorney and consider the impact this policy will have on other policies, handbooks, bargaining agreements, administrative procedures and forms in the district.*

**532 Student Exposure to Irritants and Allergens (Changes Tracked)**

Students may be exposed to irritants that pose a risk to the student’s health and safety during the school day.  Parents and students shall take all precautions to ensure that they are not exposed to such irritants and/or allergens.

If the parent(s) requests a meeting, the District will meet with the parent(s) and/or student to discuss the student’s exposure to irritant(s) and/or allergen(s), and, if appropriate, develop a plan based on the student’s physician’s recommendation to limit the above student’s exposure to irritant(s) and/or allergen(s).  Every such plan to avoid exposure shall include a completed Parental Identification of Student Irritant and/or Allergen Form and a completed Parental Authorization and Release Form for the Administration of Medication to Student.

The District cannot guarantee that the student will never be exposed to such irritants and/or allergens.  If a student is exposed to such an irritant and/or allergen and/or suffers from an allergic reaction, the District may administer medication to the student as necessary according to its policies and procedures.

**532 Student Exposure to Irritants and Allergens (Clean Version)**

Students may be exposed to irritants that pose a risk to the student’s health and safety during the school day.  Parents and students shall take all precautions to ensure that they are not exposed to such irritants and/or allergens.

If the parent(s) requests a meeting, the District will meet with the parent(s) and/or student to discuss the student’s exposure to irritant(s) and/or allergen(s), and, if appropriate, develop a plan based on the student’s physician’s recommendation to limit the above student’s exposure to irritant(s) and/or allergen(s).  Every such plan to avoid exposure shall include a completed Parental Identification of Student Irritant and/or Allergen Form and a completed Parental Authorization and Release Form for the Administration of Medication to Student.

The District cannot guarantee that the student will never be exposed to such irritants and/or allergens.  If a student is exposed to such an irritant and/or allergen and/or suffers from an allergic reaction, the District may administer medication to the student as necessary according to its policies and procedures.

**532.1 Parental Identification of Student Irritant and/or Allergen Form (Changes Tracked)**

The undersigned(s) are the parent(s), guardian(s), or person(s) in charge of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s full legal name), who is in the \_\_\_\_\_\_ grade at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ building in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community School District.

I am requesting that the above student should not be exposed to or should be minimally exposed to the following irritant(s) and/or allergen(s) because such irritant(s) and/or allergen(s) pose a risk to the student’s health and safety during the school day:  *(Attach additional sheets if necessary)*:

(a) Irritant and/or Allergen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      Why Requesting Limited Exposure *(i.e., identified allergy, doctor’s request, other reason)*:

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      Possible Exposure Symptom(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      Proposed Plan for Limiting Exposure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental Authorization and Release Form for the Administration of Medication to Student:

\_\_\_\_\_ I have completed a Parental Authorization and Release Form for the Administration of Medication to Student so that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community School District, or its authorized representative, may administer medicine to the above-named student in the case of exposure to an irritant or an allergic reaction.

-OR-

\_\_\_\_\_ I have NOT completed a Parental Authorization and Release Form for the Administration of Medication to Student, and do not intend to do such.

Meeting with District Regarding Limiting Student Exposure to Irritant(s) and/or Allergen(s):

\_\_\_\_\_ I wish to request a meeting with the District to discuss the above student’s exposure to irritant(s) and/or allergen(s), and, if appropriate, develop a plan based on the student’s physician’s recommendation to limit the above student’s exposure to irritant(s) and/or allergen(s).

-OR-

\_\_\_\_\_ I DO NOT wish to request a meeting with the District to discuss the above student’s exposure to irritant(s) and/or allergen(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                                  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent/Guardian)                                                                      (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                                  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name of Parent/Guardian)                                                               (Phone Number)

**532.1 Parental Identification of Student Irritant and/or Allergen Form (Clean Version)**

The undersigned(s) are the parent(s), guardian(s), or person(s) in charge of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s full legal name), who is in the \_\_\_\_\_\_ grade at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ building in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community School District.

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(a) Irritant and/or Allergen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      Why Requesting Limited Exposure *(i.e., identified allergy, doctor’s request, other reason)*:

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      Possible Exposure Symptom(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      Proposed Plan for Limiting Exposure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                                  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent/Guardian)                                                                      (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                                  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name of Parent/Guardian)                                                               (Phone Number)