Dear Members of the Education Committee,

As a food allergy mom of a three year old, I am writing in full support of two bills:

– Bill 5452, *AN ACT CONCERNING THE RECOMMENDATIONS OF THE TASK FORCE ON LIFE-THREATENING FOOD ALLERGIES IN SCHOOLS*

– Bill 5341, AN ACT PROVIDING IMMUNITY FROM LIABILITY FOR SCHOOL BUS DRIVERS WHO MAY ADMINISTER MEDICATION TO A STUDENT.

My son was diagnosed with multiple food allergies just last July. Our world changed after that. We researched information, joined the CT Food Allergy Education Network, joined online food allergy support communities, participated in the Teal Pumpkin Project and took part in the CT Food Allergy Heroes Walk to raise awareness. We are constantly checking labels and calling or emailing companies to ensure their products are safe for our son.

These two bills address important concerns regarding the safety of students. My son was in the Birth To Three program for his speech and he made the transition to preschool on November 1. In his IEP meeting, we were given the option of bus transportation. I was looking forward to signing my son up for transportation because it would have been easier with our work schedule. I was very surprised to hear that the school bus drivers are not trained to administer Epinephrine. I was told in the case of emergency, school bus drivers would pull over and call 911. Time is critical during food allergy reactions and Epinephrine needs to be administered right away. I was not at all comfortable putting my three year old son on a bus if a school bus driver would not be able to help in the case of an emergency. I said no for my son's safety and moving forward, decided to drive my son to school myself and go into work late everyday.

Please pass bill *5341, AN ACT PROVIDING IMMUNITY FROM LIABILITY FOR SCHOOL BUS DRIVERS WHO MAY ADMINISTER MEDICATION TO A STUDENT and* bill 5452, *AN ACT CONCERNING THE RECOMMENDATIONS OF THE TASK FORCE ON LIFE-THREATENING FOOD ALLERGIES IN SCHOOLS.*

Safe transportation for all students, having the state update current school food allergy guidelines and putting policies in place to keep food allergic students safely participating in culinary programs is extremely important.

Please see below information from FARE:

"– Food allergies are a serious and growing public health problem with no cure. Fifteen million Americans have food allergies, including nearly 6 million children. In Connecticut, up to 8 percent of children have a food allergy.

– Connecticut is among the top five states for food anaphylactic food reactions and food allergy diagnosis insurance claims.

– An allergic reaction can escalate to anaphylaxis within minutes and, if left untreated, may cause death. Food allergy is the most common cause of anaphylaxis, but insect stings, medications and latex are other triggers

– Epinephrine is the first-line treatment for anaphylaxis. It is safe and simple to administer.

– Only 30 percent of reporting districts require bus drivers to have training in anaphylaxis and administering epinephrine.

– Current State Department of Education (CSDE) guidelines for students with food allergies were written in 2006, updated in 2012, and are out of date with current medical and legal standards of care. As an example, CSDE guidelines do not acknowledge food allergies may be considered a disability under the ADA and Section 504 of the Rehabilitation Act of 1973."

Thank you,

Sarah Muratore