

Individual Health Plan: Allergies School Setting



Student Name: _____ Date of birth: _____ School year: _____

School: _____ Grade: _____ Homeroom Teacher: _____

Allergy Medical Management Plan: Yes No* Date of Plan: _____

*If no Healthcare provider orders, only Emergency care can be provided

Health Concern: _____ Date of Diagnosis: _____

Goal: Prevent allergic reactions from occurring and ensure student's safety at school

Physician Name: _____ Physician Phone Number: _____

Contacts	Name	Relationship	Phone Number	Alternate Phone Number
1.				
2.				

What is the student allergic to:

Peanuts
 Tree Nuts
 Eggs
 Milk
 Shellfish
 Chemicals
 Latex
 Insect Sting
 Other: _____

Please indicate when your child reacts to the allergen by checking all that apply:

Eats the allergen
 Inhales the allergen
 Touches the allergen
 Stung by the allergen
 Other (specify): _____

Allergy History

1. What was the age of the student when allergy was discovered: _____

2. How many times has the student had a reaction: _____

3. Has the student been hospitalized for an allergic event? if yes, when: _____

Trigger and Symptoms

1. What are early signs and symptoms of your student's allergic reaction (*Be specific; include things the student might say*). _____

2. How quickly do symptoms appear after exposure to allergen? _____

3. What symptoms has your child experienced in the past _____

Student's Self Care: (Ability level to be determined by School Nurse and Parent with input from Healthcare Provider)

- Self-Managed: No Yes

***If Yes attach required Consent and Release to Self-Carry and Self Administer EpiPen, Auvi-Q Injector**

1. My Child will have medication(s) available at school for their allergy. List Allergy medications used at school: _____ _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
2. My Child's EpiPen(s) will be kept:	Yes	No	N/A
a. In the nurse's office only.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In my child's possession only.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In both the nurse's office and in my child's possession.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <i>For Nut Allergy Students Only:</i> My child will sit at a "nut-free zone" in the lunchroom.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

4. I want the parents of the students in my child's classroom to be notified of my child's allergy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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Additional Information

Before school care: No Yes (Hours) _____

After school care: No Yes (hours) _____

Rides School Bus: No Yes (*bus care plan required*)

Bus # A.M. _____ P.M. _____

Student will eat school lunch lunch from home Other: _____

Class/School Parties or Events with Food: (Check all that apply)

In the event of a class party/ snack:

- Student may NOT eat the snack
- Student able to determine whether to eat the snack
- Replace with parent supplied snack
- Contact Parent Prior to event for Instructions

504/ IEP on file: Yes No

Field Trip Information and Special Events:

- Notify parent and school nurse in advance so proper training can be accomplished
- Adult staff must be trained and responsible for student's needs on field trip
- Emergency supplies must accompany student on field trip

<p>Parent Responsibilities</p> <ul style="list-style-type: none"> • Inform the nurse of my child's allergies prior to the beginning of the school year or as soon as possible after diagnosis. • Complete and return the signed Emergency Action Plan. • Provide the school with up-to-date medications as needed • Periodically teach and review with my child the following: <ul style="list-style-type: none"> ✓ To recognize the first symptoms of an allergic/ anaphylactic reaction ✓ To communicate as soon as he/ she feels a reaction is starting ✓ To understand the importance of handwashing before and after eating. ✓ To recognize presence of allergens in foods • Will notify the school nurse if my child will be participating in any extracurricular activities.
<p>Student Responsibilities</p> <ul style="list-style-type: none"> • Recognize the first symptoms of an allergic/ anaphylactic reaction • Know where the epinephrine auto-injector is kept • Inform an adult as soon as accidental exposure occurs or symptoms appear • Avoid sharing or trading snacks, lunches or drinks. • Wash hands before and after eating
<p>School Nurse/ Health Aid Responsibilities</p> <ul style="list-style-type: none"> • Educate all staff that interact with the student about allergy symptoms and steps required to implement the Emergency Action Plan. Review emergency procedures with teacher(s) prior to field trips as needed. • Develop a plan for access to emergency medication • If student rides the bus, provide a copy of the Emergency Action Plan to the bus company • A copy of the student's Emergency Action Plan and IHCP will be kept in the health office and child's homeroom
<p>Teacher Responsibilities</p> <ul style="list-style-type: none"> • Student will be trained and/or encouraged to wash hands before eating • Students in the classroom should be encouraged to wash their hands upon arrival to school and after eating lunch. • A student with a suspected allergic reaction will be accompanied to the health office or the nurse will be called to the location (Never allow the student to walk by themselves) • Keep a copy of the student's Emergency Action Plan and IHCP in the classroom and in the sub folder. • Inform parents of the allergic student in advance of any in-class events where food allergens may be present • Plan for the following on field trips: <ul style="list-style-type: none"> ✓ Review the Emergency Action Plan before the field trip. ✓ Pick up emergency medication prior to a field trip. ✓ Remind the student with the food allergy to wash his/her hands before eating. ✓ Carry a cell phone to call 911 if needed. • Implement the accommodations that the parent indicated "yes" in the parent section.
<p>Principal Responsibilities</p> <ul style="list-style-type: none"> • Provide walkie-talkies to the nurse/ health aide, playground, cafeteria and P.E. staff

- Delegate proper cleaning of the allergen free area in the lunchroom
- Establish an allergen free area in the lunchroom, if parent indicated this is needed

Healthcare plan has been reviewed and signed by:

Parent: _____ Date: _____

Health Aide: _____ Date: _____

Nurse/District Nurse: _____ Date: _____