



SEVERE ALLERGY INDIVIDUALIZED HEALTH CARE PLAN

NAME: _____ Date of Birth: _____

School: _____ Grade: _____ Homeroom Teacher: _____

Goal: Maintain safe school environment by minimizing exposure to allergen(s) which may cause a severe reaction (anaphylaxis)

Parent Responsibilities:

- Complete and update emergency contact information
- Return completed medication authorization form to school nurse, office staff, or teacher
- Supply school with emergency medications authorized for school use (check for expiration date and replace if it expires during the school year)
- Return completed Emergency Action Plan to school nurse, office staff or teacher
- Notify bus driver or coaches of severe allergy
- Inform school in writing if you do not want your child to sit at a "Peanut Free Table" in the cafeteria (if allergic to peanuts)
- Inform school of changes in medications or dosages by updating medication authorization form and supply school with updated medications as needed

Teacher Responsibilities:

- Minimize exposure to known allergen(s) which may cause a severe allergic reaction
- Notify school nurse, administrative staff, and/or first responder if student is exposed to allergen(s) known to cause a severe allergic reaction
- Observe student for signs and symptoms of allergic reaction (refer to Emergency Action Plan)
- Follow Severe Allergy Emergency Action Plan
- Notify parents of severe allergic reaction if school nurse is not available
- Provide substitute teachers with a copy of Severe Allergy Emergency Action Plan (Sub Folder)
- Inform student of the location of a "Peanut Free Table" in cafeteria if applicable
- Bring all authorized emergency medications on field trips
- Inform student's resource teachers of severe allergy
- Inform parent of known severe allergic reactions at school

School Nurse Responsibilities:

- Instruct / assist parent in completing Severe Allergy Emergency Action Plan and Medication Authorization Form
- Provide copy of Severe Allergy Emergency Action Plan to teacher(s) and Specialists (K-6 Grades)
- File original copy of Emergency Action Plan in student's cumulative folder for other appropriate staff to reference
- Educate teachers on first aid for anaphylaxis and the use of Emergency Medications
- Educate classmates on anaphylaxis and severe allergy if requested by parent
- Inform parent of known severe allergic reactions at school

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____