

**Individual Health Plan - Life Threatening Allergy (LTA) Management**      Date of IHP \_\_\_\_\_

Student Name \_\_\_\_\_ ID# \_\_\_\_\_ HR \_\_\_\_\_ Team(?) \_\_\_\_\_

Transportation: Bus # \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Car Rider \_\_\_\_\_ Self Transport \_\_\_\_\_

Specified Allergen(s): Please list all **severe** allergens(ie: food, insect, medication etc) and possible reactions to each):  
 \_\_\_\_\_  
 \_\_\_\_\_

Does the student have asthma? \_\_\_\_\_ Inhaler used frequently? \_\_\_\_\_ **\*\*Asthmatic Students-High Risk of Severe Reaction\*\***

Cafeteria restricted seating requested by parent? Circle one (K-6): circle one Yes \_\_\_\_\_ No \_\_\_\_\_ Optional \_\_\_\_\_

Does the student self-carry epipen/auvi Q in addition to epinephrine kept in clinic? If yes, On their person? \_\_\_\_\_ Backpack \_\_\_\_\_

	<b>**SIGNS OF ALLERGIC REACTION**</b> In addition to checking the treatment boxes, <u>please circle</u> the symptoms that you have observed in your child as a "first sign" that a reaction is occurring.	Epinephrine	Antihistamine	Comments
	<b>** All of the following symptoms can potentially progress to a life threatening situation.**</b>	Epipen JR./REG	Benadryl Dose _____	Comments
<b>MOUTH</b>	Itching & swelling of the Lips, tongue, or Mouth; Frequent licking of lips; complaining "My mouth/Tongue Feels funny"			
<b>THROAT</b>	Sense of tightness/Itching in the throat; hoarseness; hacking cough			
<b>SKIN</b>	Hives, itchy rash; swelling about the face or extremities			
<b>GUT</b>	Nausea; vomiting; abdominal cramps; diarrhea			
<b>LUNGS</b>	Repetitive/hacking cough; Shortness of breath; wheezing			
<b>HEART</b>	Thready pulse; low blood pressure, pale/blue; fainting			

**If reaction is progressing (multiple symptoms), give epipen. WHENEVER EPIPEN IS GIVEN, CALL 911. SEVERITY OF SYMPTOMS CAN CHANGE QUICKLY, even if epipen has been given.**

***CLINIC USE ONLY: To be filled out by clinic RN***

Physician order rec \_\_\_\_\_ Medication \_\_\_\_\_ Date Rec \_\_\_\_\_ Location(s) \_\_\_\_\_ exp \_\_\_\_\_

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MCS237 Sub form to Building teachers	Date:	Initials:
Transportation notified/copy IHP sent	Date:	Initials:
Food Service notified	Date:	Initials:
Classroom notification letter (K-6) teacher to parent	Date:	Initials: