

ALLERGY INDIVIDUAL HEALTHCARE PLAN (IHP)

Student: _____ Student ID # _____ Grade: _____ Birthdate: _____

School: _____

Goal: To provide a safe environment, promote student self-management of allergy, recognize signs of anaphylaxis, and provide appropriate assistance and emergency care.

1. What is your student allergic to? Peanuts Tree nuts Wheat Eggs Fish
 Shellfish Milk Soy Latex Bees
 Other: _____

2. Does your student have asthma? No Yes, triggers: _____
 Do they have prescribed asthma medication? No Yes, what (daily and as needed): _____
3. Does your student have environmental or seasonal allergies? No Yes, to what: _____
 Do they take allergy medication? No Yes, what (daily and as needed): _____

Reaction History-----

4. How old was your student when the allergy was first discovered? _____
5. How many times has your student had a reaction? Never Once More than once: _____
 Date of last reaction: _____
6. How soon did reaction occur after contact with allergen? Seconds Minutes Hours Days
7. Please describe reaction (be specific, include signs/symptoms): _____

8. Did you give medication? No Yes, what was given? _____
9. Has an Epi Injector been administered before? No Yes
10. Has your student ever needed treatment at a clinic or hospital for an allergic reaction? No Yes, describe events:

11. Has your student reacted to allergen by: Eating/ingesting food Touching food Smelling food

Independence-----

Does your student:

- Know what their allergy is? No Yes
- Know not to share or trade food/utensils? No Yes
- Know to tell an adult if they had an exposure or symptoms? No Yes

Activity Planning-----

12. Is your student involved in school-sponsored activities or sports outside the school day? No Yes*
 * It is the responsibility of parent to inform adult/coach of student's condition and medication requirements, and to provide medication for the activity.
13. For elementary: Will alternative safe snacks for class parties be provided by parent? No Yes
 Can student eat treat if allergen is not listed as an ingredient? No Yes
 Can student eat treat if manufactured in a facility that processes allergen? No Yes
 Would you like a class allergy letter sent? No Yes
14. For 5th-12th grade: Can your student purchase school lunches? A/B/C D only Home Only
 Can your student self-carry medication and independently manage their allergies? No Yes (*Requires authorization from parent and healthcare provider.)
 Can your student self-administer medication and independently manage their allergies?
 No Yes (*Requires authorization from parent and healthcare provider.)
 LOCATION OF EPI-INJECTOR: Health Room With Student Other _____

Student Accommodations/504 Consent -----

All students with a life-threatening allergy are required to have a written plan for accommodations. Please choose one of the following two options:

- Yes, I DO CONSENT to an evaluation and placement for a Section 504 Plan. I am aware that there will be an annual review of the plan. I have received a copy of [Your Rights Under Section 504](#), and the district [Board Policy on the Use of Isolation, Restraint, and Other Uses of Reasonable Force](#).
- My student receives Special Education services and has an IEP (Individualized Educational Program).

Parent/Guardian Responsibilities-----

- Provide epinephrine autoinjector and/or other prescribed medications with the Medication Authorization Form signed by the health care provider prior to the first day of school.
- Provide properly pharmacy-labeled medications and replace medications after use or upon expiration.
- If, on the Medication Authorization form, the health care provider prescribes that a second dose of epinephrine be given for persistent allergy or anaphylaxis symptoms, then two doses of epinephrine should be provided to school.
- Train your student on avoidance, symptoms, and treatment of allergies.
- Inform nurse of any changes or allergic / anaphylactic episodes.
- If your student is self-carrying medication, arrange for your student to always have epinephrine at school and school activities. A back-up dose of epinephrine in the health room is strongly recommended.

Medication Administration Notes -----

- If a student has mild allergy symptoms, the decision to give an antihistamine, such as Benadryl (if ordered), can only be made by the school nurse and administered by the school nurse.
- If a student receives Benadryl at school, the student must be picked up by the parent or guardian for further monitoring.
- If the School Nurse is **NOT AVAILABLE** (including **field trips and after-school activities**), the epinephrine auto-injector **WILL** be given for **ANY allergy symptoms** or known ingestion.
- If epinephrine is given at school or a school activity, 911 will always be called.

Nurse Responsibilities-----

- Complete Emergency Care Plan and share with school staff (including kitchen manager) and transportation department
- Provide list of students with food related health conditions to NSD Food Services Director
- Provide annual health training to staff

Nurse Signature: _____

Date: _____

Parent Signature: _____

Date: _____

For Nurse Use Only:

- Medication Authorization Form
- Medication Received
- 504 entered in Synergy
- Emergency Care Plan complete
- Synergy Student Notifications complete for health alert
- Class Letter (if requested)