



Consolidated School District 181 Individual Health Care Plan for a Life-threatening Food Allergy

Student Name: _____

School Year: _____

Classroom Teacher(s)/Grade: _____

Problem: Risk for anaphylaxis Goal: Prevent allergic reactions from occurring and ensure students' safety at school.

To be completed by parent/guardian:

A. LIST STUDENT'S FOOD ALLERGY (ALLERGENS)

1). _____ 2). _____ 3). _____ 4). _____

B. MEDICATION MANAGEMENT Student's medication(s) (also see Food Allergy and/or Asthma Action Plan):

1). _____ 2). _____ 3). _____

Location(s) of medication (also see Food Allergy and/or Asthma Action Plan):

Nurse's office Classroom Student Carries Other _____

C. CAFETERIA/LUNCHROOM PROCEDURES

1). Student must wash hands with soap and water prior to eating Yes No

2). Student requires a nut-free table/eating area: Yes No

Please sign that you have received and reviewed:

(1) Appendix B from the District 181 Food Allergy Management Program: Parent of Children with Allergies Guidelines

(2) Appendix D of the District 181 Food Allergy Management Program: Parent Information and Overview

The Individual Health Care Plan (IHCP) has been reviewed and approved by:

Parent/Guardian Signature

Date

Building Nurse Signature

Date

The Individual Health Care Plan will be reviewed with and distributed to relevant school staff.

Revised 5/17/2024 C. Siracusa

Community Consolidated School District 181

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