

## 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 epinephrine 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 5<sup>th</sup>-12<sup>th</sup> 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 EPINEPHRINE: ☐ 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 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 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)