

ALLERGY INDIVIDUAL HEALTH CARE PLAN

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	☐ Sesame	☐ 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
- Does your student know not to share or trade food/utensils? ☐ No ☐ Yes
- Does your student know to tell an adult if they had an exposure or symptoms? ☐ No ☐ Yes

Activity Planning

12. LOCATION OF EPINEPHRINE: ☐ Health room ☐ With student ☐ Other: _____
13. For 5th-12th grade:

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.)
14. 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.
15. 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 awareness letter sent?	☐ No	☐ Yes

Parent permission for meals at school:

☐ A, B, or C Lunch allowed- These lunch options contain no peanut or tree nuts as an ingredient, but may be produced or processed in a facility that also processes or packages nut containing foods. Families selecting this option will be responsible for checking ingredients and allergies through the district [Interactive Menu](#).

☐ Nut-Free Accommodation meals - Meals contain no peanut or tree nuts and are also produced in a peanut and tree nut-free facility according to the manufacturer.

☐ Complete [Nut-Free Accommodation Request form](#).

- ☐ Food from Home Only.
- ☐ For schools with cafeterias- Special seating accommodations requested.
- ☐ Special Diet Accommodation - Individualized menu due to allergens.

16. For K-12th grade:

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 Education Program).

Parent/Guardian Responsibilities

- Provide epinephrine and/or other prescribed medications with the [Authorization for Medication 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 [Authorization for Medication 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 or Zyrtec (if ordered), can only be made by the school nurse and administered by the school nurse.
- If a student receives an oral antihistamine at school, student must be picked up by the parent 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 to assure that staff (including Kitchen Manager) and Transportation Dept. have access.
- Provide list of students with food related health conditions to [Hannah Phillips, NSD Food and Nutrition Services \(FNS\) Field Supervisor](#).
- Provide annual health training information to staff.

Nurse Signature: _____

Date: _____

Parent Signature: _____

Date: _____

For Nurse Use Only:

- | | |
|---|---|
| ☐ Medication Authorization form received | ☐ Emergency Care Plan completed |
| ☐ Medication received | ☐ Synergy Student Notifications complete for health alert |
| ☐ 504 entered in Synergy | ☐ Class Allergy Awareness Letter (if requested, elementary only) |

Lunch choice related follow-up (*items are elementary only)

- ☐ If Special Diet Accommodation is requested and this is new for the student, RN sends IHP and 504 to [Hannah Phillips, NSD Food and Nutrition Services Field Supervisor](#). ([Special Diet Request Form](#) not required.) Send IHP only for students with IEPs.
- ☐ *If Nut-Free Accommodation requested, have parent complete the [Nut-Free Accommodation Request form](#). RN gives a copy to the Kitchen Manager.
- ☐ *If Food from Home Only is selected above, RN adds Health Condition and emails [Dee Moran, FNS Account Manager](#) to enter in the point-of-sale system.
- ☐ *For schools with free school breakfast for all, give Kitchen Manager a list of students who are allowed Food from Home Only.
- ☐ *If cafeteria seating accommodation requested, RN to follow-up and make arrangements.