

# ALLERGY INDIVIDUAL HEALTH PLAN

(Parent/guardian to complete this form)

STUDENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ SCHOOL \_\_\_\_\_

GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ BEST CONTACT/PHONE NUMBER \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

ALLERGY SPECIALIST \_\_\_\_\_ PHONE \_\_\_\_\_

What is your child allergic to (type of food, specific medications, type of insect, etc.)?

Please describe what happens with your child during an allergic reaction (symptoms, etc.):

Does your child have a doctor's order for Benadryl or Zyrtec (generic: Cetirizine) to be given at school and is this medication at school?  Yes  No

Does your child have a doctor's order for an injectable Epinephrine (example: Epi-pen, Epi-pen Jr., Auvi-Q, or generic Epi-pen) to be given at school, and is this medication at school?  Yes  No

Has your child been to an emergency room due to an allergic reaction in the past year?  Yes  No

If yes, please describe:

Has your child had a severe allergic reaction that required injectable epinephrine, such as an Epi-pen, be given in the past?

Yes  No

If yes, when?

In the event that you cannot be reached, please list the name(s) and phone number(s) of persons who are familiar with your child's allergy and have knowledge of how to manage an allergic reaction. *Please also add this person(s) to your child's pick-up list in case they may need to pick your child up from school due to their allergy.*

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Is there anything else you would like school staff to know about your child's allergy/allergies?

**PLEASE NOTE: We recommend an Emergency Action Plan, completed by a doctor, for all children with a severe allergy.** Please review the back of this form for steps school staff may take in the event of a medical emergency. These will be followed if your child does not have an Emergency Action Plan at school for this condition.

I give permission for my child, \_\_\_\_\_, to receive care for the medical condition listed above by designated school staff.

School nurse may share information regarding this condition with my child's doctor.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SCHOOL NURSE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# ALLERGY INDIVIDUAL HEALTH PLAN

## Emergency: Anaphylaxis (Severe Allergic Reaction)

STUDENT NAME \_\_\_\_\_

ALLERGIC TO \_\_\_\_\_

**Note: If student also has an Emergency Action Plan (EAP) for this condition, please refer to the EAP for actions school staff should take instead. Otherwise, follow the steps below.**

This student has an EAP:  Yes  No

### Symptoms:

- |   |   |
|---|---|
| <input type="checkbox"/> Tightness, itching, or swelling of the throat                            | <input type="checkbox"/> Nausea and vomiting, diarrhea, or abdominal cramps |
| <input type="checkbox"/> Hoarseness   | <input type="checkbox"/> Stomach pain                                       |
| <input type="checkbox"/> Coughing, wheezing, chest pain, chest tightness, or difficulty breathing | <input type="checkbox"/> Heart failure                                      |
| <input type="checkbox"/> Swelling or itching of the lips or tongue                                | <input type="checkbox"/> Irregular heartbeats, or a weak pulse              |
| <input type="checkbox"/> Uneasy sensation or agitation  | <input type="checkbox"/> Stuffy or runny nose and/or sneezing               |
| <input type="checkbox"/> Generalized hives  | <input type="checkbox"/> Dizziness or confusion                             |
| <input type="checkbox"/> Severe itching, redness, or swelling of the skin                         | <input type="checkbox"/> Fainting or shock                                  |

### Interventions:

1. Stay with student; student should not leave location or be left alone.
2. Call 911. Notify front office to direct EMS to student's location.
3. Call or radio for help. Designated first responder school staff should respond to the student's location, and bring any needed emergency equipment including injectable epinephrine (Epi-pen).
4. Notify parents/guardians, or designate another staff member to notify:  
Parent/guardian name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Emergency contact name: \_\_\_\_\_ Phone number: \_\_\_\_\_
5. Notify school nurse, if in building. If school nurse is not present, notify upon return or via other communication.

Additional information:

---

---

---

---