

**Individual Health Plan (IHP) - CONFIDENTIAL**

**Allergies**

**\*\*This form must be signed by a physician for school cafeteria to provide food substitution \*\*  
**\*\*Students with milk allergies will be given soy milk and no ice cream unless specifically noted by the physician\*\*****

**Student Information:**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Emergency Information:**

Parent(s) Names: \_\_\_\_\_  
Telephone (H): \_\_\_\_\_ Telephone (H): \_\_\_\_\_  
Primary Care Physician: \_\_\_\_\_ Specialist: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

**In the event a parent/guardian cannot be reached:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Symptoms of Anaphylaxis Reaction:**

- Hives
- Swelling of the throat, lips, tongue, or around the eyes
- Difficulty breathing or swallowing
- Metallic taste or itching in the mouth
- Generalized flushing, itching, or redness of the skin
- Abdominal cramps, nausea, vomiting, or diarrhea
- Increased heart rate
- Sudden decrease in blood pressure (and accompanying paleness)
- Sudden feeling of weakness
- Anxiety or an overwhelming sense of doom
- Collapse

**Using Epi Pen:**

- Unscrew the yellow or green cap off auto-injector from its storage tube.
- Grasp unit with the black tip pointing downward.
- Form fist around the unit (orange tip down).
- With your other hand, pull off the blue safety release.
- Hold black tip near outer thigh.
- Swing and jab firmly into outer thigh until it clicks so that unit is perpendicular (at a 90° angle) to the thigh. (Auto-injector is designed to work through clothing.)

- Hold firmly against thigh for approximately 10 seconds. (The injection is now complete. Window on auto-injector will show red.)
- Remove unit from thigh and massage injection area for 10 seconds.
- Call 911 and seek immediate medical attention.
- Carefully place the used auto-injector (without bending the needle), needle-end first, into the storage tube of the carrying case that provides built-in needle protection after use. Then screw the cap of the storage tube back on completely, and take it with you to the hospital emergency room

**Medical Information- Must be completed by Physician's Office**

- Allergic to \_\_\_\_\_
- Please Provide alternate foods as noted \_\_\_\_\_
- Current Medications: \_\_\_\_\_
- Is student able to discern which foods are to be avoided:  Yes  No
- Any chronic illnesses/disabilities/special considerations: \_\_\_\_\_
- Emergency Plan for Exposure to Allergens:
  - Oral Medication/Inhaler \_\_\_\_\_
  - Epinephrine Injection: \_\_\_\_\_  
(The epi-pen is to be provided by parents. Staff will be trained by the school system RN on the indications and proper technique)
  - Student to carry epi-pen, inhaler or medication on person.

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I, the parent or guardian of the above student, request that this Individual Health Plan (IHP) be administered to my child. I understand that it is my responsibility to provide the school with the necessary supplies and equipment and will notify the school if there is any change to my child's health status. I agree to provide a new consent for any changes in doctor's orders and authorize the school nurse to communicate with the physician when necessary. I understand that this information will be shared with the appropriate members of the educational team.**

**Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_

