

INDIVIDUALIZED HEALTH PLAN FOOD ALLERGY MANAGEMENT

Please complete all questions. This information is essential for the school nurse and school staff in determining your student's special needs and providing a positive and supportive learning environment. If you have any questions about how to complete this form, please contact your child's school nurse.

CONTACT INFORMATION:

Student's Name: _____ Date of Birth: _____ School Year: _____

School: _____ Grade: _____ Classroom Teacher: _____

Parent/Guardian Name: _____ Tel. (H): _____ (C): _____

Other Emergency Contact: _____ Tel. (H): _____ (C): _____

Child's Primary Care Dr.: _____ Tel: _____ Location: _____

Child's Specialty Dr.: _____ Tel: _____ Location: _____

Allergy to : _____

Asthmatic Yes* No *higher risk for severe reactions

BASIC FIRST AID:

Symptoms:		Give checked Medication	
		<small>**to be determined by physician authorizing treatment</small>	
If a food allergen has been ingested, but NO SYMPTOMS			
Mouth	Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> EPI-PEN	<input type="checkbox"/> Antihistamine
Skin	Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> EPI-PEN	<input type="checkbox"/> Antihistamine
Gut	Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> EPI-PEN	<input type="checkbox"/> Antihistamine
Throat**	Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> EPI-PEN	<input type="checkbox"/> Antihistamine
Lung**	Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> EPI-PEN	<input type="checkbox"/> Antihistamine
Heart**	Weak pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> EPI-PEN	<input type="checkbox"/> Antihistamine
Other**	_____	<input type="checkbox"/> EPI-PEN	<input type="checkbox"/> Antihistamine
If reaction is progressing (several of the above areas are affected) give		<input type="checkbox"/> EPI-PEN	<input type="checkbox"/> Antihistamine

** Potentially life threatening, the severity can quickly change

EMERGENCY RESPONSE:

- Give EPI-PEN immediately upon exposure
- Call 911
- Notify parent
- If antihistamine is give contact parent immediately.

EPI-PEN

Can the student self-administer? Yes No

Location of EPI-PEN

- Office
- Student locker
- Back pack
- Other: _____

Antihistamine is located in:

- Office
- Student locker
- Back pack
- Other: _____

EMERGENCY CALL:

After giving an EPI-PEN, 911 will be called. State that a food allergy reaction occurred, has been treated, and needs transport to the Emergency Room to be evaluated.

If medication is given at school, a medication consent form signed by parent and child's medical provider must be on file each school year. All medications must be supplied by parent.

This information will be shared with classroom teacher(s) and other appropriate school personnel.

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date of Review: _____

Attach medication sheet – one is needed for each medication