



Allergy with Risk of Anaphylaxis

Individualized Health Plan (IHP) for Elementary Students

EISD Rev. 1-19-17

Student Name: _____

Date of Birth: _____

Annual Review	Year	Initials	Year	Initials	Year	Initials	Year	Initials	Year	Initials	Year	Initials	Year	Initials
IHP														
AAEAP received														

Assessment Data:

Parents, please answer each of the questions below:

Check here if your child has outgrown the allergy or does not require treatment. Signature: _____ Date: _____

Allergies with risk of anaphylaxis _____

Symptoms experienced, if any: _____

History of anaphylactic reaction? Yes ___ No ___

I will provide one 2-pack of epinephrine auto-injectors (Epipen or equivalent) for the: clinic classroom both

I would like my child to sit in the designated nut-free area of the cafeteria (parent's discretion): Yes ___ No ___

Nursing Diagnosis: Potential for ineffective breathing pattern related to bronchospasm, inflammation of airways.

Goals: To limit the risk of exposure to allergens and be prepared to provide emergency treatment.

Interventions:

Parent Responsibilities (please read and initial):

- _____ I agree to submit an Allergy & Anaphylaxis Emergency Care Plan prior to the first day of school each year with medications
- _____ I agree to provide an epinephrine 2-dose-pack to the nurse (because a second dose may be necessary prior to EMS arrival)
- _____ I will keep track of the expiration dates of all medications and replace them before they expire
- _____ I will provide additional epinephrine 2-dose-packs to elective after-school programs and Easy Care (if my child is enrolled)
- _____ I will attach a photograph of my child to the Allergy & Anaphylaxis Emergency Care Plan (very important for new students)
- _____ I understand that I can send a written request for a nut-free classroom to the principal annually according to district policy
- _____ I understand that I may request a Section 504 plan for my child (parent's discretion)

- District will provide downloadable forms (Emergency Care Plans and Individualized Health Plans) on the district website
- District will provide food allergy and anaphylaxis training to school personnel and subs via mandatory annual online training
- District will provide food allergy and anaphylaxis training to Child Nutrition Services, especially regarding cross-contamination
- District will provide proactive pest management for fire ants on fields and eradicate bee/wasp nests on request
- Principal will designate a nut-free area of the cafeteria that provides inclusive seating for students with peanut/nut allergies
- Teachers will keep a record of the student's allergy information in the classroom sub folder
- Teachers will notify parents before food or drink is tasted, consumed or encountered in curriculum according to district policy
- Teachers will remind students that food sharing is not permitted at school.
- Nurse will meet with parents, if possible, to review the IHP initially and whenever there are changes
- Nurse will review the Allergy & Anaphylaxis Emergency Care Plan annually and enter medication orders in Skyward
- Nurse will share student's allergy information with school personnel via Skyward (Critical Alert box & IHP)
- Nurse will record the location of the student's epinephrine auto-injectors in Skyward (Critical Alert box)
- Nurse will notify transportation and nutrition services of student's allergy via Skyward (Critical Alert box)
- Nurse will pack student's medications, emergency care plan and IHP for field trips and Live Oak Adventure.
- Nurse and teachers will post visual reminders of zones and classrooms that are designated as "nut-free."
- Nurse will follow physician's orders in the student's Emergency Care Plan in the event of exposure or allergic reaction
- Nurse will document exposure to allergen or allergic reaction and the treatment provided
- Nurse will review emergency response to anaphylaxis to identify opportunities for improvement

Outcomes: The student, parents and school personnel will work together to limit the risk of exposure to allergens and be prepared to provide emergency care in the event of exposure or allergic reaction.

I have read this Individualized Health Plan and have had the opportunity to modify it for my child.

Parent/Guardian signature

Date

School Nurse signature

Date received