



LIFE THREATENING ALLERGY

Individual Health Plan

Severe Allergy to: _____

Student Name _____ DOB _____
School _____ Grade _____
School Year _____ Advisor _____

MEDICAL INFORMATION

Date of Last Allergic Reaction _____ Asthma Yes (High Risk for Severe Reaction) No

ALLERGY SYMPTOMS: If you suspect a severe allergic reaction, IMMEDIATELY ADMINISTER EPINEPHRINE AND CALL 911

Table with 2 columns: Symptom Category (MOUTH, SKIN, THROAT, GUT) and Description of symptoms. Includes checkboxes for each category.

MEDICATION ORDERS - MUST BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER

Epinephrine Auto-Injector (0.3 mg) Epinephrine Auto-Injector (0.15 mg) Side Effects: _____

Repeat dose of Epinephrine Auto-Injector Yes No If "Yes", when: _____

Antihistamine Name: _____ Dose: _____ Schedule: _____ Teaspoon Tablet

It is medically necessary for this student to carry an Epinephrine Auto-Injector on his/her person during school hours Yes No

Student may self-administer Epinephrine Auto-Injector
 Yes No

Student has demonstrated use to Provider
 Yes No

Provider's Signature: _____ Signature on File Date: _____

Provider's Name: _____ Provider's Phone: _____

WHEN TO IMMEDIATELY CALL 911

911 must be called WHENEVER an Epinephrine Auto-Injector is administered.
DO NOT HESITATE to administer Epinephrine Auto-Injector and call 911, even if parents/guardians cannot be reached.
Advise 911 if the student is having a severe allergic reaction and an Epinephrine Auto-Injector is being administered.
An adult trained in CPR is to monitor the student (& begin CPR if necessary) until EMS arrives.
Call the School Nurse, Notify building Administrator and Parent/Guardian.
Dispose of used Epinephrine Auto-Injector in the "sharps" container or give to EMS responders.
Have a copy of Care Plan for EMS responders.

LIFE THREATENING ALLERGY - Individual Health Plan SEVERE ALLERGY TO : _____

Student Name _____ Grade _____

INDIVIDUAL CONSIDERATIONS

Transportation/Bus

- Transportation should be alerted to the student's allergy Yes No
Student carries an Epinephrine Auto-Injector on the bus Yes No
An Epinephrine Auto-Injector can also be found in Backpack On/With Student Health Office
Student will sit at the front of the bus Yes No

Other Instructions:

Off Campus Activities/Field Trips

- Epinephrine Auto-Injector should accompany the student during any off campus activities.
Student should remain with the teacher or parent/guardian during the entire field trip Yes No
Staff members on trip must be trained regarding Epinephrine Auto-Injector use, understand and have a copy of the student's health care plan.

Other Instructions:

Classroom-FOR FOOD ALLERGIES ONLY

Student **is not** allowed to eat the following foods:

- Middle or high school students will be making his/her own decisions
 Alternative snacks will be provided by parent/guardian to be kept in the classroom
 Parent/guardian should be advised of any planned parties as early as possible
 Classroom projects should be reviewed by the teaching staff to avoid specified allergens.

Other Instructions:

Cafeteria

- No Restrictions
 Student will sit at a specified allergy table
The Cafeteria Supervisor should be alerted to the student's allergy. Yes No

Other Instructions:

- I give Health Services Staff permission to communicate with the Physicians office about this medication. Yes No
I request and authorize my child to carry and/or self-administer their medication. Yes No

Permission to possess and self-administer a Epinephrine Auto-Injector may be revoked by the principal or school nurse if it is determined that your child is not safely and effectively able to self administer.

Release of liability for self-carry and self-administration of inhalers and EpiPens: I take responsibility for my child's adherence to the dosing schedule; OHPS will not monitor self administration.

_____ Parent Initial required for student to self carry and self administer inhalers and EpiPens.

Parent/Guardian Information

Parent/Guardian _____ Home Phone _____

Work Phone _____ Cell Phone _____

Parent/Guardian _____ Home Phone _____

Work Phone _____ Cell Phone _____

SIGNATURES

Parent/Guardian _____ Signature on File _____ Date _____

School Nurse _____ Signature on File _____ Date _____

A copy of this plan will be kept in the school office and copies will be given to all appropriate staff.