

INDIVIDUAL HEALTH CARE PLAN School Year:

Student Name	Grade	Teacher (if applicable)
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Parent #1	Preferred Contact
Parent #2	Preferred Contact

Health Concern Description Anaphylaxis is a life-threatening reaction triggered by an immune response, most often occurring to a previously encountered allergen. Chemicals released in the body as a result of exposure cause dilation of blood vessels, increase in mucous production, spasms, and constriction of the airways in the respiratory system, and lowered blood pressure to name a few. The severity of past reactions does not necessarily predict the seriousness of the next reaction. Symptoms of anaphylaxis (also referred to as anaphylactic shock) usually begin within minutes, but may be delayed up to 2 hours or even more. **Refer to the student’s Emergency Action Plan for a more complete list of symptoms by body system signaling a severe allergic reaction.**

Eight major foods account for up to 90% of food allergies: cow’s milk, eggs, peanuts, tree nuts, soy, wheat, fish, and shellfish, but any food has the potential to cause an allergic reaction. Severe allergic reactions may also be caused by medications, latex, animal dander, pollen, chemicals, and exercise.

Management of severe allergies focuses on avoidance of the known allergen(s), education, and preparation to respond immediately in the event signs and symptoms of a severe reaction are present.

This student has a known severe allergic reaction to:

This student’s past response to allergen(s) included:

Other related medical conditions:

- Nursing Interventions**
- Annually, obtain healthcare provider orders including emergency medication(s)
 - Identify potential sources of allergens in school and work with other staff to lessen exposure potential
 - Provide education and training to staff members including avoidance of allergens, immediate reporting of student bullying related to allergies, and how to recognize and respond to a severe allergic reaction (anaphylaxis)
 - Encourage student self-advocacy behaviors

Expected Student Outcomes/Self-Care (summarize pertinent information for school staff from health intake form)	Yes	No
Wears medical alert jewelry		

Knows what foods/triggers to avoid		
Asks about food ingredients		
Reads and understands food labels		
Tells an adult immediately after an exposure		
Identifies symptoms of an allergic response		
Self-carries emergency medication (requires healthcare provider order)		
Knows how to use emergency medication		
Other:		

Student Outcome Goals:

Current Section 504 plan * No * Yes (If yes, refer to the Section 504 plan for the Management and Modifications section instead of the Management & Modifications table below.)

Management & Modifications	<i>Leave this section blank if attaching a Section 504 plan. This column provides example management and modifications in italicized font. Replace italics with student's individualized plan.</i>
School Breakfast & Lunch	<i>Student washes hands prior to eating. No food sharing allowed. Menu item ingredients listed on district website. Parent will instruct student what to eat and/or student brings food from home.</i>
Classroom projects involving food	<i>Teacher will announce to parent ahead of time, so parent can suggest alternative item(s).</i>
Classroom snacks/birthday treats	<i>Parents will provide all of the student's food. The student is not to eat other snacks/treats at school unless the parent is present or has provided prior written approval specific to the item.</i> OR <i>The student knows about foods to avoid and may eat snacks/treats provided by others.</i>
Before and after school activities	<i>Student participates in: Trained staff member to be present at all times.</i>
Location of Emergency Supplies (unlocked cabinet preferred)	<i>Marked health room cabinet, unlocked.</i>
Emergency Action Plan (EAP)	Staff who have received delegation training include (name and date of training):
Note: The standard of care for any	

<p>person having a severe allergic reaction and receiving epinephrine is the calling of 911 and transport, observation, and care in an Emergency Department.</p>	
<p>Emergency Preparedness and Incident Response</p>	<ul style="list-style-type: none"> ● <i>Staff Member will secure EAP in accordance with school emergency preparedness and response plan</i> ● <i>In the event of building evacuation, Staff Member will evacuate with EAP</i> ● <i>Student requires assistance during drill (event/building evacuation) or emergency response?</i> ● <i>YES NO If "YES", describe:</i> ● <i>Other:</i>

Written Notes/Addendum to Plan of Care		
Date	Notes	Staff Initials

Administrator Signature:	Date
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Parent Signature:	Date
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