**ELEMENTARY-Severe Allergy/Anaphylaxis Individual Health Care Plan/504**

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| Click or tap here to enter text. |  | Click or tap here to enter text. |
| **Student**  |  | **School** |

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| Click or tap to enter a date. |  | Click or tap here to enter text. |
| **Birthdate** |  | **Allergy** |

Brief history/Concurrent illness or disability or related social/emotional factors:

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***Goal: To provide a safe environment, promote student self-management of allergy, recognize signs of anaphylaxis, and provide appropriate assistance and emergency care***.

**Activities to be reviewed**

1. **Field trips** – Medications are taken, and care is provided:

 [ ] By accompanying parent

[ ] By school staff trained in student’s emergency care plan.

1. **In the event of classroom/school parties, food treats will be handled as follows**:

[ ] Student may eat treat if ingredients listed do not include the allergen.

[ ] **OR** Student will always eat parent –supplied alternative stored in a marked box kept by the teacher.

[ ] Yes [ ] No: Class letter requested

1. **School Lunch**

[ ] Eat only lunch provided from home (safest option) [ ] School lunch choice

Click or tap here to enter text.

1. **School sponsored activities before, after, during school**

(music, athletics, clubs, attending class at a different school) Student will self-carry Epinephrine Auto-Injector (EAI)

Parent will provide allergy information to activity supervisor (permission form)

Parent will make arrangements with school nurse to provide an additional EAI for the program.

**5.** **Special arrangements**:

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**Activities student can self-manage:**

1. **Student responsibility:**

[ ] Will not share/trade food with others.

[ ] Will not expose self to anything with unknown ingredients or known allergen.

[ ] Notify an adult immediately if they are exposed to allergen.

[ ] Yes No: Will wear a medic alert bracelet or dog tag necklace.

[ ] Yes No: Will self-carry Epinephrine Auto-Injector with medical authorization form.

1. **Epinephrine injection:** Location of medication:

[ ] Yes No: Administers independently (trained/authorized by HCP and reviewed by school nurse)

[ ] Administration by nurse or trained staff

**Parent Responsibilities:**

Provide Epinephrine Auto-Injector and/or other prescribed medications with the Medication Authorization Form signed by the Health Care Provider on or before the first day of school.

Train student on avoidance, symptoms and treatment of allergies

Inform nurse of any changes or allergic/anaphylactic episodes

**Plan for** **Before and After school activities or changing buildings during school day**

**Teacher Responsibilities:**

Know the Emergency Care plan and classroom accommodations

Know the location of all emergency information and medications

Be trained to administer Epinephrine Auto-Injector

Inform substitutes of Emergency Care Plan

Set up a plan for student to inform you immediately if they are having a reaction

Help educate classroom about allergies

Be prepared for special events, parties, field trips, special projects including science and art materials. Instruct students not to share food and eating utensils

Read the labels of foods and other “project” materials coming into the classroom. If in doubt, don’t use.

**Nurse/School Responsibilities: (check in box indicates item is completed)**

[ ] Complete Emergency Care Plan (ECP) and attach to IHP/504. Provide copies or access for staff.

[ ]  Notify School Food Service Director and Cook at school.

[ ] Review eating arrangements if needed e.g. peanut safe table, desk wipe down

[ ] Review with student any areas of potential exposure e.g. food, latex or insect

[ ] Verify School Bus Driver received ECP and training

[ ] Train School staff (awareness of allergens, allergic symptoms and ECP, conduct mock drill)

[ ] Train School staff in location and administration of emergency medications/ Epinephrine Auto-Injector

[ ] Send home Class Letter if requested above

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| School Nurse |  | Date |

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| Click or tap here to enter text. |  | Click or tap to enter a date. |
| Parent/Guardian |  | Date |

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| Teacher |  | Date |

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| Student |  | Date |

**Annual Review Section:**

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| Annual Review: School Nurse Initials |  | Date |

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| Click or tap here to enter text. |  | Click or tap to enter a date. |
| Teacher Initials |  | Date |

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| Copy to Teacher |  | Date  |