



Allergy with Risk of Anaphylaxis Individualized Health Plan for Middle School Students

Important: Parents must **ALSO** submit an **Allergy & Anaphylaxis Emergency Care Plan** signed by the student's personal physician before the first day of school each year and provide **all** of the medications (prescription and over-the-counter).

Student Name: _____ **Date of Birth:** _____ **Grade:** _____

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 question 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

Student carries own EpiPen or AuviQ? Yes No Rides the bus? Yes No

I will provide a two-pack of epinephrine auto-injectors (EpiPens, Auvi-Qs) for: the clinic the student to self-carry both

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

Goals: To limit exposure to allergens and be prepared to provide emergency treatment in case of exposure.

Interventions:

PARENT RESPONSIBILITIES **PARENTS, please read and initial each statement below:**

_____ I agree to submit an Allergy (Anaphylaxis) Emergency Action Plan prior to the first day of school with medications

_____ I agree to provide a two-dose pack of EpiPens AuviQ because a 2nd dose may be necessary prior to EMS arrival

_____ I will keep track of the expiration dates of all of the medications and replace them before they expire

_____ I will attach a photograph of my child to the Allergy (Anaphylaxis) Emergency Action Plan

_____ I have been informed that I may request a Section 504 plan for my child (parent's discretion)

- Meet with student or parents to review the plan at initiation and whenever there are changes.
- Student verbalizes understanding of plan
- Student commits to carrying EpiPen or Auvi-Q while at school, on campus and at all school-sponsored events if physician checks the boxes authorizing self-carry and/or self-administration on the Allergy & Anaphylaxis Emergency Care Plan
- Review the student's symptoms and sources of allergen(s)
- Provide downloadable forms (Emergency Action Plan and Individualized Health Plan) on the district website
- Share student's allergy information with appropriate school personnel via Skyward (as a Critical Alert)
- Record the location of the student's Epinephrine auto-injector in Skyward (as a Critical Alert)
- Provide food allergy awareness and anaphylaxis training to school personnel who interact with the student
- Prepare medications and emergency action plans to accompany the student on field trips
- Establish a safe environment for the student with food allergies at school by reminding teachers about limiting possible food exposure in classrooms.
- Provide food allergy and anaphylaxis training for staff that may need to handle an exposure or reaction.
- Review the student's Allergy (Anaphylaxis) Emergency Action Plan annually, including medication orders
- Follow the physician's orders in the Emergency Action Plan in the event of exposure or allergic reaction
- Document all allergic reactions and the treatment provided
- Review the emergency response to anaphylactic reactions to identify opportunities for improvement
- Communicate insect bite/sting allergies to pest management personnel in order to reduce the risk of exposure
- Other: _____

Outcome:

The student, parents and school personnel will work together to limit the risk of exposure to the allergen(s) and be prepared to provide emergency treatment in case of an allergic reaction.

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

Parent/Guardian Signature Student Signature Date School Nurse Signature Date received