

LIFE-THREATENING ALLERGY INDIVIDUAL HEALTH PLAN (IHP)

According to Washington State Law RCW (28A.210.320) the attendance of every child shall be conditioned upon the presentation before or on the child's first day of attendance a medication or treatment order addressing any life-threatening health condition that the child has that may require medical services to be performed at school. Once such an order has been presented, the child shall be allowed to attend school. Contact School if you have questions.



Student Name: _____
 DOB: _____ Grade: _____
 School: _____ Year: _____
 Teacher: _____
Severe ALLERGY to:

Other ID: _____ Walker Bus Rider Bus Number: _____

Bus Driver: _____ Bus Route: _____

Parent/Guardian: _____ Hm Phone: _____
 Address: _____

Guardian 1: Wk Phone: _____ Cell Phone: _____

Guardian 2: Wk Phone: _____ Cell Phone: _____

Physician/HCP: _____ Phone: _____

Preferred Hospital: _____

Other Allergies: _____	
Current Medications:	At school: _____ Location: _____
	At home: _____

HEALTH CONCERN: LIFE THREATENING ALLERGY

Life Threatening Allergy History:	<ul style="list-style-type: none"> • Age of onset: _____ • Date of last reaction: _____ • Number of times epipen has been used in the past: _____ • Related Health Concerns: _____
List of Specific symptoms your child has experienced in the past:	
Individual Considerations	<input type="checkbox"/> Student will make his/her own food choices. <input type="checkbox"/> Alternative snacks will be provided by parent or guardian to be kept in the classroom. <input type="checkbox"/> Parent or guardian should be advised of any planned parties at least one week ahead of time. <input type="checkbox"/> Classroom projects should be reviewed by the teaching staff to avoid specified allergens.
Additional Information:	

ALLERGY SYMPTOMS: If you suspect a severe allergic reaction, immediately ADMINISTER Epinephrine and CALL 911

MOUTH Itching, tingling, or swelling of the lips, tongue, or mouth

SKIN	Hives, itchy rash, and/or swelling about the face or extremities
THROAT	Sense of tightness in the throat, hoarseness, and hacking cough
GUT	Nausea, stomachache/abdominal cramps, vomiting, and/or diarrhea
LUNG	Shortness of breath, repetitive coughing, and/or wheezing
HEART	"Thready" pulse, "passing out," fainting, blueness, pale
GENERAL	Panic, sudden fatigue, chills, fear of impending doom
OTHER	Some students may experience symptoms other than those listed above

If student is exposed to identified allergen, his/her epipen will be administered and 911 will be called.

EMERGENCY INTERVENTION	
IMMEDIATE RESPONSE	
<ul style="list-style-type: none"> • Call 911 • Call office to bring epipen to student's location • Administer epipen immediately • Adult must stay with student until paramedics arrive • Notify parent/guardian • Notify school nurse • Notify principal • Give empty epipen and health plan to paramedics 	<p>Whenever an EpiPen® is given, the student must be transported to the hospital via aid car.</p>

*** If your child requires medication(s) at school, their Physician/HCP needs to fill out and sign an Authorization to Administer Medication form. This form can be found on the district website or in the school office. Medication must be brought to school by an adult. Students may not transport medication to or from school. If a half tablet is prescribed, the parent must split the pill prior to bringing to school.***

Contact School Nurse through the school office if you have any questions.

Parent/Guardian: _____ Date: _____

School Nurse RN: _____ Date: _____

A copy of this plan will be kept in the Health Room and will be available to current staff in Skyward.

It is the teacher's responsibility to communicate medical concerns to their subs by placing a copy of each health plan in their sub file.

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