

## Guidelines for Managing Life-Threatening Food Allergies

### INDIVIDUAL HEALTH CARE PLAN (IHCP) – Elementary

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Plan Effective from \_\_\_\_\_ to \_\_\_\_\_

ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
	<p>Risk of anaphylactic reaction (life-threatening allergic response) related to the ingestion, contact, of _____</p> <p>Student has a Food Allergy Action Plan</p>	<p>Student will cooperate with staff 100% of the time by following school, classroom, and IHCP rules in order to remain free of allergic reactions while in school.</p> <p>If student suspects that he/she has ingested, contacted, and/or inhaled _____ student will immediately notify staff who will implement the Food Allergy Action Plan.</p> <p>Student will cooperate with staff members 100% of the time if they need to implement the Food Allergy Action Plan.</p>	<p>Prior to the first day of school, Parents will:</p> <ul style="list-style-type: none"> <li>❖ Inform School Nurse and Teacher of food allergy.</li> <li>❖ Provide the School Nurse with the allergy assessment form, the authorization for emergency care of students with allergies form, the Food Allergy Action Plan, the school medication authorization form, and the prescribed medication for medical intervention.</li> <li>❖ Inform school nurse of any changes in health status as relates to food allergy and treatment.</li> <li>❖ Educate student on the self-management of his/her food allergies appropriate for his/her developmental level.</li> <li>❖ Provide emergency contact information.</li> <li>❖ Provide safe snacks/treats for student to keep in school, if desired.</li> <li>❖ Provide wipes for classmates who have come in contact with the allergen prior to entering the classroom in A.M.</li> </ul> <p>School Nurse will:</p> <ul style="list-style-type: none"> <li>❖ Work with teacher to eliminate the use of _____ in classroom snacks, curriculum, educational tools, classroom parties, foreign language projects, and arts and crafts projects.</li> <li>❖ Educate school staff who interact with student regarding food allergy, allergic reaction symptoms of anaphylaxis, and prevention and treatment plans [Enter documentation method or date(s) accomplished for all applicable interventions]</li> </ul>	<p>[Enter documentation method of date(s) accomplished for all applicable interventions]</p>

**INDIVIDUAL HEALTH CARE PLAN (IHCP) – Elementary**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Plan Effective from \_\_\_\_\_ to \_\_\_\_\_

ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
			<ul style="list-style-type: none"> <li>❖ Train school staff in EpiPen administration, as appropriate.</li> <li>❖ Develop and disseminate the Medical Alert for: Teacher/Substitute Teacher Food Allergy form and/or the Food Allergy Action Plan</li> <li>❖ Review management of allergens in cafeteria with administrator.                             <ul style="list-style-type: none"> <li>○ Allergen Free Tables</li> <li>○ <input type="checkbox"/> Wipes in cafeteria</li> <li>○ Cleaning of cafeteria tables and/or classrooms</li> </ul> </li> </ul> <p>Teacher/classroom staff will:</p> <ul style="list-style-type: none"> <li>○ Eliminate the use of _____ in classroom snacks, educational tools, and arts and crafts projects.</li> <li>○ Be trained in the administration of EpiPen, as appropriate.</li> <li>○ Consult in advance of field trips with the school nurse and parents.</li> <li>○ Follow the Food Allergy Action Plan if the student has a reaction.</li> </ul> <p>Student will:</p> <ul style="list-style-type: none"> <li>○ Inform teacher/staff if he/she is not feeling well, for any reason, but especially if he/she thinks he may be having an allergic reaction</li> <li>○ Abide by parents' guidelines on the self-management of his/her own food allergies appropriate for his/her own developmental level.</li> </ul>	

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Review by: Parent \_\_\_\_\_ Date: \_\_\_\_\_ Student: \_\_\_\_\_