



**INDIVIDUALIZED HEALTHCARE PLAN
ANAPHYLAXIS/LIFE THREATENING ALLERGIC REACTION**

Healthcare Plan effective for the current school year, including summer school

Student Name:	Date of Birth:	Grade:
---------------	----------------	--------

ALLERGY HISTORY

To be completed by Licensed Healthcare Provider (Physician, Physician’s Assistant or Nurse Practitioner)

Student has a life-threatening allergy to:

Food Latex Insect, specify: _____ Other, specify: _____

Symptoms occur due to: Ingestion Inhalation Touch/skin contact Injection/sting Unknown

- Please list food allergens: _____
- Does student have asthma? (increased risk factor for severe reaction) Yes No
- Approximate date of last anaphylactic reaction: _____

TREATMENT PLAN

To Licensed Healthcare Provider: This is the standard emergency plan for responding to anaphylaxis provided by Northstar Academy. *Please review.*

COMMON SYMPTOMS ASSOCIATED WITH ANAPHYLAXIS:	
<ul style="list-style-type: none"> • Swelling of the lips, tongue, throat or face • Hives; generalized flushing and itching of the skin • Difficulty breathing, wheezing, chest tightness 	<ul style="list-style-type: none"> • Coughing, sneezing, hoarseness, nasal congestion • Difficulty swallowing, nausea, vomiting, abdominal cramping • Tingling sensation or warmth, metallic taste in mouth • Dizziness, faintness, feeling of apprehension, “feeling funny”

If student develops symptoms as a result of exposure to a known or suspected allergen(s):

- Administer epinephrine auto-injector: (check one) EpiPen® Auvi-Q® AdrenaClick® Generic Epinephrine Injection
Dosage: 0.3 mg IM (child weighs > 66 lbs) **OR** 0.15 mg IM (child weighs < 66 lbs)
Frequency: Repeat epinephrine dose 5 - 15 minutes after the first injection, if symptoms persist or return.
- Call 911. Advise EMS anaphylaxis is suspected and epinephrine has been given.
- Keep student lying down or seated.
- Notify parent if not already contacted.
- Remain with student and observe for difficulty breathing until EMS personnel arrive.
- Start CPR if breathing or heart stops.

Unless noted below by Licensed Healthcare Provider, I am in agreement with the above plan: _____

Unless noted below by Licensed Healthcare Provider, medication will be stored in the clinic and administered by trained staff.

Student can physically carry his/her epinephrine auto injector
 Student has been instructed and can safely and effectively self-administer his/her epinephrine auto injector

_____ Licensed Healthcare Provider Name (PRINT)	_____ Licensed Healthcare Provider Signature	_____ Date	_____ Phone Number
----------------------------------------------------	-------------------------------------------------	---------------	-----------------------

To be Reviewed and Signed by PARENT/GUARDIAN:

I have reviewed this health plan and agree to the contents. I give my permission for appropriately trained Northstar Academy and/or Career Academy staff to administer the above medications to my child as ordered by the prescriber. I hereby release Northstar Academy and its employees from any claims or liability connected with its reliance on this permission and agree to indemnify, defend, and hold them harmless from any claim or liability connected with such reliance. School staff and/or the school nurse may communicate with the Licensed Healthcare Provider/medical office staff about this IHP. I will provide the school with all medication ordered in this plan for my child in the original container provided by the pharmacy.

Student requires a specialized eating location.
 Student can have food provided only by parent/guardian.

_____ Parent/Guardian Name (print)	_____ Parent/Guardian Signature	_____ Date	_____ Phone Number
---------------------------------------	------------------------------------	---------------	-----------------------

_____ School Nurse Signature:	_____ Date Received:
----------------------------------	-------------------------