

Individual Health Plan (IHP) - CONFIDENTIAL
Severe Bee Sting Allergy (Anaphylaxis)

Student Information:

Name of Student: _____ Date of Birth: _____
School: _____ Grade: _____ Teacher: _____
Able to identify and avoid allergy items while at school? _____

Emergency Information:

Parent(s) Names: _____
Telephone (H): _____ Telephone (H): _____
Primary Care Physician: _____ Specialist: _____
Telephone: _____ Telephone: _____
Fax: _____ Fax: _____

In the event a parent/guardian cannot be reached:

Name: _____ Relation: _____ Telephone: _____

Symptoms of Anaphylaxis Reaction:

- Hives
- Swelling of the throat, lips, tongue, or around the eyes
- Difficulty breathing or swallowing
- Metallic taste or itching in the mouth
- Generalized flushing, itching, or redness of the skin
- Abdominal cramps, nausea, vomiting, or diarrhea
- Increased heart rate
- Sudden decrease in blood pressure (and accompanying paleness)
- Sudden feeling of weakness
- Anxiety or an overwhelming sense of doom
- Collapse

Using Epi Pen:

- Unscrew the yellow or green cap off auto-injector from its storage tube.
- Grasp unit with the black tip pointing downward.
- Form fist around the unit (orange tip down).
- With your other hand, pull off the blue safety release.
- Hold black tip near outer thigh.
- Swing and jab firmly into outer thigh until it clicks so that unit is perpendicular (at a 90° angle) to the thigh. (Auto-injector is designed to work through clothing.)

- Hold firmly against thigh for approximately 10 seconds. (The injection is now complete. Window on auto-injector will show red.)
- Remove unit from thigh and massage injection area for 10 seconds.
- Call 911 and seek immediate medical attention.
- Carefully place the used auto-injector (without bending the needle), needle-end first, into the storage tube of the carrying case that provides built-in needle protection after use. Then screw the cap of the storage tube back on completely, and take it with you to the hospital emergency room

Medical Information- Must be completed by Physician's Office

- Allergic to _____
- Current Medications: _____
- Any chronic illnesses/disabilities/special considerations: _____
- Emergency Plan for Exposure to Allergens:
 - Oral Medication/Inhaler _____
 - Epinephrine Injection: _____
(The epi-pen is to be provided by parents. Staff will be trained by the school system RN on the indications and proper technique)
 - Student to carry epi-pen, inhaler or medication on person.

Physician's Signature: _____ **Date:** _____

I, the parent or guardian of the above student, request that this Individual Health Plan (IHP) be administered to my child. I understand that it is my responsibility to provide the school with the necessary supplies and equipment and will notify the school if there is any change to my child's health status. I agree to provide a new consent for any changes in doctor's orders and authorize the school nurse to communicate with the physician when necessary. I understand that this information will be shared with the appropriate members of the educational team.

Parent's/Guardian's Signature: _____ **Date:** _____

Reviewed by: _____

