Our Lady of the VISITATION SCHOOL

There Are Different Gifts, But The Same Spirit.

Individualized Healthcare Plan (IHP)

Emergency Action Plan (EAP)

Dear Parent or Guardian:

One of the responsibilities of the school nurse is to manage students special health needs during the school day. One way I do that is to work with parents and school staff to develop a plan for day to day care (called an Individualized Healthcare Plan or IHP) and a plan for potential emergency situations (called an Emergency Action Plan or EAP).

These plans help teachers and school staff to either prevent emergencies or care for a student during an emergency before the school nurse arrives. Each plan must be reviewed and approved by the parent before giving it to school staff.

I have enclosed a copy of the IHP/EAP for your child. Please review the plan and circle what applies to your child. Feel free to make any changes you feel are necessary. Please sign and date the plan at the bottom. Your signature indicates that you agree with the plan, and agree that it can be distributed to school staff that may have contact with your child during the school day.

If you have any questions please do not hesitate to contact me.

Thank you for your prompt response.

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INDIVIDUALIZED HEALTH CARE PLAN
ALLERGIC REACTION

Name of Student _____

Grade _____ Homeroom _____ Bus Rider (circle) YES NO Bus # _____

Allergic to: _____

ASTHMATIC (circle) *YES NO *HIGH RISK FOR SEVERE REACTION

Accommodations needed for classroom or school environment: _____
_____
_____
_____

I.D. Photo

In the event of classroom/school parties, food treats will be handled as follows:
_____ Student may eat the treat
_____ Student may take treat home
_____ Replace treat with parent supplied alternative
_____ Modify treat as follows _____

Additional instructions:
_____
_____
_____
_____

Student has an **EMERGENCY ACTION PLAN** € Yes € No

See EMERGENCY ACTION PLAN for "How to Administer Epi-Pen"

The following staff members have been instructed in the administration of epi-pens.

_____
_____
_____
_____
_____

Parent/Guardian Signature _____ Date _____

Nurse Signature _____ Date _____

Any revision to the student's IHP or EAP requires a new form to be completed, signed and dated by parent.

EMERGENCY ACTION PLAN
ALLERGIC REACTION

I.D.
Photo

Name of Student _____

Grade _____Homeroom _____ Bus Rider (circle) YES NO Bus # _____

Allergic to: _____

ASTHMATIC (circle) *YES NO *HIGH RISK FOR SEVERE REACTION

SIGNS OF AN ALLERGIC REACTION INCLUDE: **(Circle any that apply)**

Mouth	Itching and swelling of the lips, tongue or mouth
Throat	Itching and/or a sense of tightness in the throat, hoarseness, coughing
Skin	Hives, itchy rash, and/or swelling about the face or extremities
Gut	Nausea, abdominal cramps, vomiting, and/or diarrhea
Lung	Shortness of breath, repetitive coughing, and/or wheezing
Heart	"Thready" pulse, "passing out"
Mental	Anxiety or feeling of impending doom
The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation!	

NOTES:

ACTION:

1. Never leave child alone.
2. Give prescribed medication _____
3. CALL 911 IF NO RELIEF AFTER MEDICATION.
4. CALL 911 IMMEDIATELY IF USING EPI-PEN
5. Call parent/guardian or emergency contacts.
6. Call Dr. _____ at _____
7. Additional instructions _____
   _____

HOW TO ADMINISTER EPI-PEN:

1. Pull off gray safety cap.
2. Place black tip on outer thigh.
3. Push injector against thigh until unit activates, hold in place for 10 seconds.
4. Notify emergency personnel that epi-pen has been administered.

Emergency contact #1

Name _____ Relationship_____ Phone (h)_____ (w)_____

Emergency Contact #2

Name _____ Relationship_____ Phone (h)_____ (w)_____

Emergency Contact #3

Name _____ Relationship_____ Phone (h)_____ (w)_____

Child's Physician _____ Phone _____

Parent/Guardian Signature _____ Date _____

Nurse Signature _____ Date _____

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