



Individual Health Care Plan

Date Completed: _____

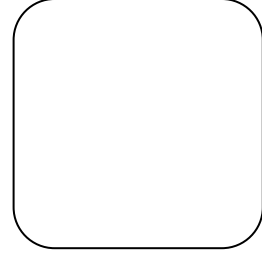
Effective Dates: _____

Student Name: _____

Date of Birth: _____

Completed and Approved by: _____
Parent Name/Signature

Student Photo:



Teacher Name/Signature

Risk Level Assigned Low Medium High

This IHCP addresses: Allergy Asthma Diabetes Other: _____

Information Needed for Students with Allergies

My child is allergic to: _____

My child's allergic response is triggered by: Ingestion Touch Inhalation Other (Specify below)

Other allergic response trigger: _____

Has your student ever experienced an episode of anaphylaxis requiring an EpiPen or hospitalization? No Yes

If yes, please list each incident including date: _____

Information needed for students with health care needs other than allergies:

Briefly describe the special health care needs of this child: _____

Please list any activity limitations for the student: _____

For all students requiring medication at school:

*If medication is required at school, please list all medications that will be kept and administered at school:

Medication: _____

Dose: _____

Medication: _____

Dose: _____

Medication: _____

Dose: _____

**All medication must be accompanied by a signed Physicians Orders for Medication at School.*

Emergency Action Plan

If you see this:

Do this:

EpiPen Injection Instructions

1. Prepare the EpiPen or EpiPen Jr Auto-Injector for Injection

- Remove the auto-injector from the clear carrier tube. Flip open the yellow cap of your EpiPen or the green cap of your EpiPen Jr Auto-Injector carrier tube. Tip and slide the auto-injector out of the carrier tube.
- Grasp the auto-injector in your fist with the orange tip pointing downward.
- With your other hand, remove the blue safety release by pulling straight up without bending or twisting it. *Note: The needle comes out of the orange tip.*
- Never put your thumb, fingers or hand over the orange tip.

2. Administer the EpiPen or EpiPen Jr Auto-Injector

- Hold the auto-injector with orange tip near the outer thigh. Swing and firmly push the orange tip against the outer thigh until it "clicks". Keep the auto-injector firmly pushed against the thigh at a 90° angle (perpendicular) to the thigh. Hold firmly against the thigh for approximately 10 seconds to deliver the drug. The injection is now complete.

3. Finalize the Injection Process

- Remove the auto-injector from the thigh. The orange tip will extend to cover the needle. Massage the injection area for 10 seconds. Get emergency medical help right away. You may need further medical attention. You may need a second EpiPen or EpiPen Jr Auto-Injector should symptoms persist or recur. *Note: Take your used auto-injector with you when you go to see the health care provider.*