Winchester Public Schools

PHOTO

Individual Health Care Plan Life Threatening Allergy (IHCP) Elementary

Name: _____ **D.O.B.** ____ **Teacher:** _____ **Grade:** _____

Address: _____ **Home Phone:** _____

Parent/: _____ **Cell Phone:** _____ **Work Phone:** _____

Parent/: _____ **Cell Phone:** _____ **Work Phone:** _____

Physician: _____ **Phone** _____ **Last exam:** _____

Allergist Physician: _____ **Allergy tested? Yes __ No __ Date:** ____

Eczema? Yes __ No __ Treated with: _____
Asthma? Yes __ No __ Treated with: _____

Is asthma medication in school? Yes__ No __ Asthma Action Plan on File? Yes__ No __

Allergic to:	**Reaction**	**Age / Date**	**Hospital /Epi-Pen**	**Anaphylaxis**
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Last reaction: _____ How was it treated? _____

Comments: _____

_____

Other Medical History: _____

_____

_____

_____

Medications Ordered:		**Location**
1. _____	Exp date: _____	_____
2. _____	Exp date: _____	_____
3. _____	Exp date: _____	_____

In elementary school arrangements can be made for additional epinephrine auto-injectors to be kept in appropriate locations in consultation with the school nurse.

REVISED 5/2015

Epinephrine auto-injector will be sent on all field trips in the elementary and middle schools.

****** Please note Benadryl will not be sent on field trips per DPH regulations.******

Has student demonstrated ability to avoid allergens, recognize signs & symptoms of a reaction and administer medication properly? Date _____ Yes ___No _____

Does the student understand the NO FOOD SHARING Rule? Yes____ No _____

Parent Permission for student to carry medications:

Epinephrine auto-injector Yes _____ No _____

Asthma Medication Yes _____ No _____

Can information on allergies be shared with classmates and parents? Yes _____ No _____

Have parents instructed student to eat at the allergy aware table in the lunchroom? Yes_____ No_____

Will the student be allowed to buy a school lunch on occasion? Yes _____ No _____

****For more information regarding our school lunch program, including food allergies and other dietary concerns, please contact the Director of Food Services at 781-721-7033****

Parents are welcome to provide their child's teacher with extra allergy safe snacks to keep in the classroom.

Does the child wear a medic alert? Yes _____No _____

Parents/ Guardians are responsible to notify the after school program(s) and/or bus transportation services of their child's allergies and health care needs.

Other Emergency Contacts

Name: _____ #1. Phone: _____
Relationship: _____ # 2. Phone: _____

Name: _____ # 1. Phone: _____
Relationship: _____ # 2. Phone: _____

Parent Authorization

We (I), the undersigned, are the parents/guardians of _____.
We will notify the school immediately of changes in phone numbers, addresses, and responsible emergency contact persons, and physicians, and changes in medication or health status of our child.
We (I) give permission for the nurse to contact physicians with any health or medical concerns.
We (I) give permission to share photo and information from EAAP and IHCP with appropriate school personnel.

Signature of Parent: _____ Date: _____

Signature of Nurse: _____ Date: _____