Anaphylaxis IHP Information Form

(For parent/guardian to fill out)

Many students attending school have health conditions for which special health care services are needed during the school day and at school-sponsored functions. Students with special health care needs require an individual assessment and plan of care to ensure that their unique needs are identified and addressed. Please fill out the following information so that a plan of care can be created by your school nurse to keep your child safe and healthy at school.

Student's Name:	DOB:
Please list all allergies:	
Does your child know what allergens to report?	
Age of diagnosis:	
Name of health care provider:	
Date of last visit:	
How often does your child see their health care provider for allergies?	
When was your child's last allergic reaction?	
Has your child required an administration of Epipen? If yes, please describe what happened?	
Daily Allergy Medications:	
What other health conditions does your child have?	
In case of an emergency, is there a hospital of preference?	
If unable to reach you, who can I consider as an emergency contact? Please provide names, relationships, and phone numbers:	
Does your child have an IEP (Individual Education Plan):	

Parent/Guardian Signature:_____Date:_____