



ADMINISTRATION BUILDING

701 West Gregory Street - Mount Prospect, Illinois 60056
 P (847) 394-7300 | F (847) 394-7311 | www.d57.org

Individual Health Care Plan (IHCP) for Allergies – Lincoln Middle School
Individual Health Care Plan (IHCP) for Allergies—Lincoln Middle School

CONFIDENTIAL

You indicated on the school emergency form that your child had an allergy. This plan will identify your student’s food, insect or latex allergies, the severity of the allergy, the allergy history, precautions to be taken and emergency response provision.

Individual Health Care Plan (IHCP) for _____ Allergen(s) _____

GOAL: Prevent allergic reactions from occurring and ensure student’s safety at school

PROBLEM: _____
 (Describe type of reaction: i.e. risk for anaphylaxis, hives)

PRECAUTIONS TO BE TAKEN : See Below

Parent Questionnaire	Yes	No	N/A
1. My child will have medication(s) available at school for their allergy. List allergy medications used at home and/or at school: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <i>For Nut Allergy Students Only:</i> My child will sit at a “nut-free zone” in the lunchroom. (If no, waiver required.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child’s EpiPen(s) will be kept:			
a. in the nurse’s office only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. in my child’s possession only (on child at all times—ie. pencil case)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. in both the nurse’s office and in my child’s possession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My child will always and only eat the food that I send for lunch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(If “no”, please explain below.)</i>			
a. Student may purchase lunch from Lincoln Middle School cafeteria.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: _____

<p>Parent Responsibilities</p> <ul style="list-style-type: none"> ● Inform the nurse of my child’s allergies prior to the beginning of the school year or as soon as possible after a diagnosis. ● Complete and return the Emergency Action Plan. ● Provide the school with up-to-date medications as needed. ● Will notify school nurse if my child will be participating in any extracurricular activities. ● If child self carries, encourage child to carry epipen on self at all time. ● Parent to check ingredient list for food offered in Lincoln’s cafeteria as needed. This can be found on the district 57 website. ● Periodically teach and review with my child the following: <ul style="list-style-type: none"> ✓ to recognize the first symptoms of an allergic/anaphylactic reaction. ✓ to communicate as soon as he/she feels a reaction is starting. ✓ to understand the importance of handwashing or using hand wipes before and after eating. ✓ to request ingredient information for any food offered and decline the food if information is unavailable.
<p>Student Responsibilities</p> <ul style="list-style-type: none"> ● Recognize the first symptoms of an allergic/anaphylactic reaction. ● Know where the epinephrine auto-injector is kept. ● Inform an adult as soon as accidental exposure occurs or symptoms appear. ● If self carries, carry epipen on self at all times. ● Avoid sharing or trading snacks, lunches or drinks. ● Wash hands or use a cleansing wipe (parent provided) before and after eating. ● Report any teasing, bullying and threats to an adult authority. ● Check ingredient list when available.
<p>School Nurse Responsibilities</p> <ul style="list-style-type: none"> ● Educate all staff that interacts with the student about food, insect, latex allergy symptoms and the steps required to implement the Emergency Action Plan. Review emergency procedures with teacher(s) prior to field trips as needed. ● Develop a plan for access to emergency medication when developing plans for fire drills, lockdowns, etc. ● If student rides the bus, provide a copy of the Emergency Action Plan to the bus company. ● A copy of the student’s Emergency Action Plan and IHCP will be kept in the health office, child’s homeroom and/or in the student’s temporary record. ● Provide annual training to staff on proper use of an epipen.
<p>Teacher Responsibilities</p> <ul style="list-style-type: none"> ● Student will be trained and/or encouraged to wash hands or use cleansing wipe (supplied by parent) before eating. ● Students in the classroom should be encouraged to wash their hands/use hand wipe upon arrival to school and after eating lunch. ● A student with a suspected allergic reaction will be accompanied to the health office or the nurse will be called to the location. ● Keep a copy of the student’s Emergency Action Plan and IHCP in the classroom sub folder. ● Inform parents of the allergic student in advance of any in-class events where food or allergens will be present. ● Notify parents, using the form provided, when food or products are used for class projects or science experiments and develop plans to prevent exposure or if outside food will be consumed on a field trip (permission slip required). ● Plan for the following on field trips: <ul style="list-style-type: none"> ✓ Review the Emergency Action Plan before the field trip. ✓ Oversee cleaning the table of the student with food allergies before eating. ✓ Remind the student with the food allergy to wash his/her hands before eating. ✓ Remind the student with the food allergy to eat only food supplied by parent (unless permission slip signed by parent). ✓ Carry a cell phone to call 911 if needed. ● Implement the accommodations that parent indicated “yes” in the parent section. ● Follow District procedures for medication administration and emergency situation management including contacting of 911.
<p>Principal Responsibilities</p> <ul style="list-style-type: none"> ● Provide walkie-talkies to playground and P.E. staff. ● Delegate proper cleaning of the allergen free area in the lunchroom and designated food areas. ● Establish rules prohibiting the sharing or trading of food at school. ● Establish and enforce rules that students bring only fruits and vegetables for optional snack to school. ● Establish an allergen free area in the lunchroom, if parent indicated this is needed. .

The Individual Health Care Plan has been reviewed and signed by:

Parent Signature

Date

School Administrator/School Nurse

Date