

CHRISTIAN HERITAGE ACADEMY

Individual Health Care Plan

Student Name: _____ School Year _____ Grade _____

Allergens: _____

Problem: Risk for anaphylaxis Other Severe Medical Concern: _____

Goal: **Prevent allergic reactions from occurring and ensure student's safety at school**

Parent, please answer the following questions:

1. I would like my child's emergency medication kept in
 - The nurse's office
 - The classroom / in teacher's possession
 - With student
 - Nurses' office AND classroom (*preferred by CHA*)
2. If the emergency medication is kept in the classroom, the medication should be transported by school personnel wherever my child travels to within the school:
 - Yes
 - No
3. Does your child require an allergen free eating area?
 - Yes
 - No
4. I would like to accompany my child on field trips.
 - Yes
 - No
5. My child **MUST** wash his/her hands with soap and water or use a cleansing wipe before eating.
 - Yes
 - No
6. Students in the classroom should be encouraged to wash their hands upon arrival to school and after eating lunch.
 - Yes
 - No
7. I will provide a shelf-stable allergen free snack that will be available in the classroom if needed.
 - Yes
 - No

Please list other accommodations needed at school:

<p>Office Use Only Approved for _____</p>
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