



# Individual Health Plan (IHP)

This form is valid until end of program year or child transfers to another school



Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Site: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

## DIAGNOSIS OF HEALTH CONDITION/AREA OF CONCERN: (ATTACH ANY DOCUMENTATION OF DIAGNOSIS)

- Heart Disease    Asthma    Seizure Disorder    Kidney Disease    Sickle Cell Disease
- Diabetes    Other Medical Condition: \_\_\_\_\_
- Allergy - Name all known allergies: \_\_\_\_\_

**MEDICATION(S) WILL BE TAKEN:**  **at School** ( *If so, see Authorization to Administer Medication at School for instructions and possible side effects* )  **Home only**

Name of medication(s) taken at home & possible side effects: \_\_\_\_\_  
\_\_\_\_\_

## CHECK ALL PROGRAM AREAS THAT NEED ADJUSTMENT TO ACCOMMODATE CHILD'S HEALTH CONDITION:

- Feeding    Classroom Activities    Toileting    Outdoor Activities    Transportation
- Other: \_\_\_\_\_

## STAFF RESPONSIBLE:

- Site Supervisor: \_\_\_\_\_    Teacher: \_\_\_\_\_
- Assoc. Teacher: \_\_\_\_\_    Other: \_\_\_\_\_

### I.) For Asthma or Any Condition Requiring Inhaled Medication ONLY   NOT APPLICABLE

#### Check known triggers:

- tobacco    pesticide    animals    cockroaches    cleansers    car exhaust
- perfume    birds    mold    dust    cold air    exercise
- other: \_\_\_\_\_

#### Typical Signs and Symptoms of this child's asthma episodes (check all that apply):

- Wheezing    Persistent coughing    Breathing faster    Sucking in chest/neck    Grunting
- Panting (flaring nostrils)    Restlessness/Agitation    Red, pale, or swollen face    Fatigue
- Complaints of chest pain/tightness    Dark circles under eyes    Grey or blue lips or fingernails

**Note to Staff: Notify parents immediately if emergency medication is required.**

#### Get emergency help if:

- The child does not improve 15 minutes after treatment and the family cannot be reached.
- After receiving treatment for wheezing, the child is working hard to breathe or is grunting, is breathing fast (greater than 50 breaths/minute), has trouble walking or talking, has sucking in of skin (chest or neck) with breathing, is extremely agitated or sleepy, has grey or blue lips or fingernails, has nostrils open wider than usual, won't play, cries more softly and briefly, and is hunched over to breathe.

**Staff use only:**    No Longer Applicable as of:   Date: \_\_\_ / \_\_\_ / \_\_\_   Staff Initials: \_\_\_\_\_



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## II.) For Severe Allergies Requiring Epipen or Epipen Jr. ONLY

NOT APPLICABLE

Typical Signs and Symptoms of this child's anaphylaxis (check all that apply):

- Skin:**  Hives                       Itchy Rash                       Flushed or Pale Skin
- Throat:**  Constriction of Airways                       Swelling of Tongue or Lips
- Gut:**  Diarrhea                       Nausea                       Vomiting
- Lungs:**  Coughing                       Wheezing                       Trouble Breathing                       Cramps
- Heart:**  Dizziness                       Fainting                       Weak Pulse                       Low Blood Pressure

### Important Note to Staff:

- Act fast! Symptoms can change rapidly and can be life threatening!
- Do not depend on inhalers and/or antihistamines in an event of anaphylaxis.
- **Staff must call 911 and the parent/guardian immediately when epinephrine (Epipen/Epipen, Jr.) is administered.**

**Staff use only:**  No Longer Applicable as of: Date: \_\_\_ / \_\_\_ / \_\_\_ Staff Initials: \_\_\_\_\_

## III.) Other Health Condition(s) – Name of condition(s): \_\_\_\_\_

### Possible Symptoms Or Behaviors of Concern and Action to take Related To Child's Health Condition

Signs and Symptoms	Do the following:

**Staff use only:**  No Longer Applicable as of: Date: \_\_\_ / \_\_\_ / \_\_\_ Staff Initials: \_\_\_\_\_

**Staff Responsibilities:** Site staff will monitor this child for the typical signs and symptoms of this child's health condition. Responsible staff will administer medication only as directed by the child's physician. Responsible staff will ensure that this child is not exposed to any known allergens. Responsible site staff will notify the parent/guardian of any concerns regarding this child's health while they are in school. Responsible site staff will notify the parent/guardian when medication is given.

**Parent/Guardian Responsibilities:** The parent/guardian will monitor this child for the typical signs and symptoms of this child's conditions at home and before they drop their child off at school. If this child is exhibiting any of the signs or symptoms of illness, the parent/guardian will keep the child at home. The parent/guardian will also inform site staff when medication has been given at home and if the child has been ill.



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## STAFF TRAINED AND RESPONSIBLE TO ADMINISTER PROCEDURES AND ACCOMMODATIONS FOR THIS CHILD: (Requires at least 2 site staff trained on child's accommodations and procedure)

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
**Staff**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
**Staff**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
**Staff**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
**Staff**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
**Staff**

Training was done by:  Parent/Guardian  Other: \_\_\_\_\_  
**Indicate title or relationship to child**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

## NOTICE OF CHANGE IN STAFF

**Note to staff:** This section is utilized **only** when a change in staff designated to administer required procedures has occurred. Parent must be notified of change in staff providing accommodations for child.

## STAFF TRAINED AND RESPONSIBLE TO ADMINISTER PROCEDURES AND ACCOMMODATIONS FOR THIS CHILD: (Requires at least 2 site staff trained on child's accommodations and procedure)

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
**Staff**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
**Staff**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
**Staff**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
**Staff**

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Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_