

GHS Individualized Emergency Allergy Medical Plan (IEAMP)

Current Health Status of Student with Allergies

(To be completed by a parent or guardian)

Student Name _____ Sex _____
DOB _____

Parent/Guardian
Name _____ Phone _____

Cell phone: _____

Parent/Guardian
Name _____
Phone _____

Cell phone: _____

Physician's/Allergist's
Name: _____
Phone: _____

Student's primary
allergy: _____

PLEASE LIST BELOW A STEP BY STEP EMERGENCY PLAN FOR YOUR CHILD FOR EACH HEALTH PROBLEM. THE SCHOOL NURSE IS AVAILABLE TO HELP YOU.

WHAT SYMPTOMS DOES YOUR CHILD EXHIBIT WHILE
HAVING AN ALLERGIC REACTION:

ALLERGY

DIRECTIONS FOR AN EMERGENCY AND MEDICATIONS
TO BE GIVEN

- #1. 1.
2.
3.
4.

- #2. 1.
2.
3.
4.

Does your child have any particular health problem other than the
above allergy or on a daily medication? Yes _____ No _____ If
yes, please
elaborate _____

Physician's
Signature: _____ Date: _____

Parent's
Signature: _____ Date: _____

FOR FIELD TRIPS

During the school year your child may be going on a school sponsored field trip we will be sending the Epi-pen that you have supplied (or that your child carries with them) along with the physician's orders with your child on the field trip. In order to have a staff member who is trained in the assistance of the Epi-Pen go on the field trip with your student you must come in to train a staff member or delegate that training to me.

I have a power point presentation and an Epi-Pen trainer in which to train the staff member. Please sign the following so that when the time comes we will be all set for a field trip. This Epi-Pen delegation like the physicians orders must be renewed yearly.

_____ I will be in to instruct a staff member in the use of my child's emergency Epi-pen.

_____ I delegate the instructions of the use of my child's emergency Epi-pen to the School Nurse

Parent's

Signature : _____ Date: _____

The School Nurse has permission to contact your child's physician with questions or concerns in making an emergency allergy plan for your child.

Parent Signature: _____ Date: _____

