



Northbrook | Glenview School District 30

2374 Shermer Road, Northbrook, IL 60062

(847) 498-4190, www.district30.org

INDIVIDUAL EMERGENCY MANAGEMENT PLAN CHECKLIST

(For students at risk for life threatening allergies)

Student _____

Date _____

Teacher _____

Grade _____ Room _____

History of emergency care required (include dates, age of child, allergen, symptoms, and treatment):

Prevention strategies: *(Review each item at team meeting and check those that apply)*

Required:

- Emergency Care Plan (ECP) and Medication Administration Request form completed and signed by physician
- Emergency Response and Care Plans copy given to classroom teacher and placed in sub-folder
- Up-to-date Injectable Epinephrin (EpiPen, Twinject, Adenaclick) provided. Number of pens provided _____
- Injectable Epinephrin will be located in:
 - Health Office Classroom (elementary schools only) Outdoor PE (bee sting allergies only)
 - With student (complete appropriate forms) Other (please specify) _____
- Antihistamine will be provided
- Student food allergy information and photo to appropriate staff (specials teachers and lunch supervisors)
- To ensure the safety of our students during in-class celebrations, if there are dietary restrictions it will be necessary for the parent(s) to provide alternative foods/treats that are in compliance with the student's health requirements.
- Parent awareness of responsibility to inform after-school program supervisors/coaches of Allergy Emergency Care Plan

Optional:

- Peanut Free lunch table
- Classroom discussion about allergies
- Preferential seating at end of classroom lunch table with buffer zone
- Student acquaintance with Health Office
- Personal student introduction to special area teachers and appropriate staff
- Use of parent provided Medic Alert bracelet
- Student photo and allergy information posted in lunchroom, health office and other locations
- Parent provided classroom birthday treat alternatives (to be stored in the classroom)
- Parent provided classroom snacks (to be stored in the classroom)
- Letter to other families informing them of your child's medical condition

***To be completed only for life-threatening allergies.**