

Chronic Health Condition Forms and Medication Instructions

Please review the following instructions closely. Your child may not attend BASCP if there are missing medications, missing forms, or incomplete forms. These instructions are based on our state license and to ensure that BASCP is prepared to fully help your child in case of an emergency. If you have any questions or concerns, please call or email me.

Thank you,

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Individual Health Care Plan (IHCP)

- **An IHCP is required for any chronic health condition.**
 - One IHCP per chronic health condition (for example, asthma and a peanut allergy cannot be combined onto one IHCP).
- All sections must be completed.
 - If an action plan created by a physician is attached, “see attached Action Plan,” may be written if the information is in the Action Plan.
 - Please note: most Action Plans do not list **Potential Side Effects of Treatment** and **Potential Consequences if treatment is not administered**. These sections must be completed on the IHCP.
- IHCP must have **parent signature** and **physician signature** and dates.

Allergy & Asthma Action Plans

- We strongly recommend physician created Action Plans are submitted along with the required IHCP. Action Plans are generally much more detailed than IHCPs and will be more helpful during an emergency.
- If there is no attached Action Plan, there must be detailed answers to all questions on the IHCP. Do not write, “As needed.”

Medication Consent Form

- All medications require a Medication Consent Form. **One form per medication.**
- We require all medications listed on the IHCP and Action Plan. Review the Action Plans closely because many will require more than one EpiPen and/or use of an inhaler or an over the counter medication after an EpiPen is used.
- Parent signature and date required on form.
- Physician signature and date required for over the counter medications.

- Medication's name must match.
 - **Generic form of medication may only be used if listed on the Medication Consent Form.** For example if the form says "Benadryl," Benadryl must be provided. If the form says, "Diphenhydramine" the generic form of Benadryl may be used.

Medication

- Must be in the original prescription labeled container.
- Over the counter medications must be in original container with expiration date clearly labeled
- We check the expiration dates on the box and on the prescription. Please make sure both have not expired.
- Please label medication containers with child's name while making sure dosage, ingredients, and expiration dates are still clearly visible.
- Make sure dosage instructions on IHCP, Medication Consent Form, and Action Plan match medication label.
 - Unit of measurement: if the Medication Consent Form specifies ounces, the medication label and measuring cup must have ounces listed rather than milliliters.
 - Liquid or pill form: If the Medication Consent Form specifies a liquid form of the medication, the medication must be in liquid form rather than pill form.

For more information: <https://www.mass.gov/doc/individual-health-care-plan-ihcp-brochure/download>