

Anaphylaxis Student Emergency Procedure Plan



Parent/Guardian please complete:

Student's name: _____ Male Female
Date of birth: _____
Parent/Guardian: _____ Home#: _____ Work#: _____ Cell#: _____
Emergency Contact: _____ Home#: _____ Work#: _____ Cell#: _____
Physician: _____ Office#: _____

Physician please complete:

Name: _____ Office#: _____ Fax#: _____

Allergen: (Do not include antibiotics or other drugs)

peanuts nuts dairy other food _____

insects latex other _____

Symptoms:

- Skin - hives, swelling, itching, warmth, redness, rash
- Respiratory - wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain / tightness, nasal congestion or hay fever-like symptoms (runny, itchy nose, watery eyes, sneezing), trouble swallowing
- Gastrointestinal - nausea, pain/cramps, vomiting, diarrhea
- Cardiovascular - pale / blue colour, weak pulse, passing out, dizzy / lightheaded, shock
- Other - anxiety, feeling of 'impending doom', headache, uterine cramps in females
- Additional symptoms _____

Emergency Protocol:

- Administer single dose, single use auto-injector and call 911.
- Notify parent/guardian.
- Administer second auto-injection in 10 to 15 minutes, or sooner, if symptoms do not improve or symptoms recur.
- Have ambulance transport student to hospital.

Emergency Medication (Note - Emergency medication must be a single-dose use auto-injector for school setting. Oral antihistamines will not be administered by school personnel.)

Name of emergency medication: _____ Dosage: _____

Physician's Signature

Date