

# 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