Anaphylaxis Student Information

Mission Public Schools

Attach student photo here

Emergency Plan for: _____

Note: Oral antihistamines will not be administered by school personnel.

Student's name: _____

Date of birth:_____

Parent/Guardian:_____ Home#: _____Work#:_____ Cell#:_____

Emergency Contact: _____ Home#: _____Work#:_____ Cell#:_____

Physician: _____ Office#: _____

Anaphylaxis Responsibility Checklist

Child's anaphylaxis triggers are:

☐ peanut ☐ nuts ☐ milk ☐ all dairy ☐ eggs ☐ shellfish ☐ fish

☐ food allergies (list) _____

☐ insect stings (list) _____

☐ medications (list) _____

☐ other _____

Child's anaphylaxis symptoms are usually:

☐ swelling (eyes, lips, face, tongue)
☐ tingling of lips / mouth
☐ hives or itchy skin
☐ coughing or choking
☐ cold, clammy, sweaty skin
☐ flushed face or body
☐ fainting or loss of consciousness
☐ dizziness, confusion
☐ stomach cramps / diarrhea / vomiting
☐ change of voice
☐ difficulty breathing / swallowing
☐ heart rate changes (fast / slow)

☐ other _____

Child's emergency treatment:

☐ Medication is stored where? _____

☐ Auto-injector - expiry date? _____

☐ Names of staff oriented to plan _____

☐ Emergency plan review date _____

☐ Field Trip plan _____

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Do Not Wait for Symptoms to Develop or Worsen

- **Administer** epinephrine (adrenaline) injections at the first sign of a reaction. **Note time of administration.**
- **Call 911** and tell them someone is having a life-threatening allergic reaction.
- **Call parents/guardians.**
- **Administer** second epinephrine (adrenaline) injection in 10 to 15 minutes, or sooner, if symptoms do not improve or if symptoms recur.
- **Transport** student to hospital by ambulance if possible, otherwise take student to hospital.
- One person **stays** with child **at all times.** Second person goes for help.
- **Stay calm.**

To be completed by parent or legal guardian:

Discussed and reviewed Anaphylaxis Checklist with Principal? ☐ Yes ☐ No

Two single-dose auto-injectors provided to school? ☐ Yes ☐ No

Student is aware of how to administer? ☐ Yes ☐ No

_____ _____

Parent / Legal Guardian Signature Date

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