

Anaphylaxis Information

Emergency Plan for: _____

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

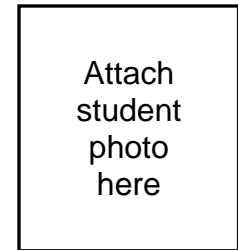
Student's name: _____

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 _____

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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