

School District 43 - Anaphylactic Student Emergency Procedure Plan

(Photo I.D.)

Parent/Guardian please complete:

Student's Name: _____ Date Of Birth _____

(Y/M/D)

Sex: Male Female Other _____

Parent/Guardian: _____ Daytime Phone: _____

Emergency Contact: _____ Daytime Phone: _____

Physician: _____ Daytime Phone: _____

Food Allergen: (Do not include antibiotics or other drugs)

Peanuts Tree Nuts Milk/Dairy Other food _____

Mustard Sesame Seeds Soy Wheat & Tritacale Eggs

Crustaceans & Mollusks (shellfish) Fish

Food Additives (List): _____

Insect Stings (List): _____

Medications (List): _____

Others ie. Latex, Exercise (List): _____

Symptoms (circle each symptom that your child experiences):

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

Emergency Protocol

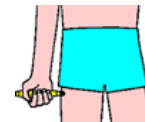
If you see symptoms of a severe allergic reaction or know that a child has been exposed to something they are allergic to:

1. **Administer the EpiPen** – Don't hesitate. It can be life saving.

I. Pull off blue safety cap



II. Firmly push orange tip into outer thigh. If necessary may be done through light or single layer of clothing (no thicker than jeans).



III. Listen for a “click”. Hold for 10 seconds. Remove and send with student to hospital.

IV. **If symptoms persist or recur**, a second dose can be administered in 5 to 15 minutes (*maximum 3 doses*).

2. **Have someone call 911**. Tell them that a student has had an anaphylactic reaction. Give them Name and address of school (use 911 protocol).

3. The student should rest quietly. **DO NOT SEND THE CHILD TO THE OFFICE.**

4. Help the student to remain calm and to breathe normally. **An adult must stay with the student.**

5. Call the parents/guardians/emergency contact.

6. Observe and monitor the student until the ambulance arrives.

Student Name: _____

Date of Birth: _____

Emergency Medication (to be completed and signed by physician or allergist)

NOTE: Emergency medication must be a single-dose auto-injector for school setting. Oral antihistamines will not be administered by school personnel.

Name of emergency medication: _____

Dosage: _____

Physician Signature

Date (Y/M/D)

Parent/Guardian please complete

Discussed and reviewed Anaphylaxis Responsibility Checklist with Principal? yes no

Two single-dose auto-injectors provided to school? yes no

Student aware of how to administer? yes no

Auto-injector locations: _____

Your child's personal information is collected under the authority of the *School Act* and the *Freedom of Information and Protection of Privacy Act*. The Board of Education may use your child's personal information for the purposes of:

- Health, safety, treatment and protection
- Emergency care and response

If you have any questions about the collection of your child's personal information, please contact the school principal directly. By signing this form, you give your consent to the Board of Education to disclose your child's personal information to school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (as outline in the *BC Anaphylactic and Child Safety Framework 2007*) for the above purposes. This consent is valid and in effect until it is revoked in writing by you.

Parent/Guardian Signature

Date (Y/M/D)