



# ANAPHYLACTIC STUDENT EMERGENCY PROCEDURE PLAN

PARENT/GUARDIAN PLEASE COMPLETE	
<b>Student's Name:</b>	<b>Place Student Photo Here</b>
Date of Birth:	
Teacher: <span style="float: right;">Grade:</span>	
Parent / Guardian: <span style="float: right;">Phone #:</span>	
Address: <span style="float: right;">Postal Code:</span>	
Parent / Guardian: <span style="float: right;">Phone #:</span>	
Address: <span style="float: right;">Postal Code:</span>	
Emergency Contact: <span style="float: right;">Relationship:</span>	
Home Phone #: <span style="float: right;">Work #:</span>	
Emergency Contact: <span style="float: right;">Relationship:</span>	
Home Phone #: <span style="float: right;">Work #:</span>	
Doctor's Name: <span style="float: right;">Phone #:</span>	

PHYSICIAN PLEASE COMPLETE			
<b>Physician's Name:</b>			
Daytime Phone:		Fax:	
Allergen: (Do not include antibiotics or other drugs)			
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Nuts	<input type="checkbox"/> Dairy	<input type="checkbox"/>
<input type="checkbox"/> Insects	<input type="checkbox"/> Latex	<input type="checkbox"/> Other	<input type="checkbox"/>
Symptoms: (please circle all those that apply)			
<ul style="list-style-type: none"> <li>➤ <b>Skin:</b> hives, swelling, itching, warmth, redness, rash</li> <li>➤ <b>Respiratory (breathing):</b> 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</li> <li>➤ <b>Gastrointestinal (stomach):</b> nausea, pain/cramps, vomiting, diarrhea</li> <li>➤ <b>Cardiovascular (heart):</b> pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock</li> <li>➤ <b>Other:</b> anxiety, feeling of "impending doom", headache, uterine cramps in females</li> <li>➤ <b>Additional symptoms:</b></li> </ul>			

**PHYSICIAN PLEASE COMPLETE**

EMERGENCY PROTOCOL	EMERGENCY MEDICATION
<ul style="list-style-type: none"> <li>➤ Administer single dose, single-use auto-injector and call 911</li> <li>➤ Notify Parent/Guardian</li> <li>➤ Administer second auto-injector in 10 – 15 minutes, or sooner, if symptoms do not improve or if symptoms recur</li> <li>➤ Have ambulance transport student to hospital.</li> </ul>	<p>NOTE: Emergency medication must be a single-dose single use auto-injector for school setting. Oral antihistamines will not be administered by school personnel.</p> <p>Name of emergency medication: _____</p> <p>_____</p> <p>Dosage: _____</p>
Physician's Signature:	Date:

**PARENT/GUARDIAN PLEASE COMPLETE**

Discussed and reviewed Anaphylaxis Responsibility Checklist with principal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Two auto-injectors provided to school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student aware of how to administer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Auto-injector locations:		
<p>Your child's personal information is collected under the authority of the <i>School Act</i> and the <i>Freedom of Information and Protection of Privacy Act</i>. The Board of Education may use your child's personal information for the purposes of:</p> <ul style="list-style-type: none"> <li>➤ Health, safety, treatment and protection</li> <li>➤ Emergency care and response</li> </ul> <p>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 outlined in the <i>BC Anaphylactic and Child Safety Framework 2007</i>) for the above purposes. This consent is valid and in effect until it is revoked in writing by you.</p>		
Parent/Guardian Signature:	Date:	

**RETURN TO THE PRINCIPAL AND DISCUSS WITH OFFICE STAFF AND ALL YOUR CHILD'S TEACHERS**