



ANAPHYLAXIS FORM

DESCRIPTION OF ALLERGY

This child has a life threatening allergy to:

Any foods containing these allergens in any form or amount may be life threatening. Any food that may have come in contact with an allergen or products with a "may contain" warning, must be avoided.

Child's address: _____
 Physician: _____
 Physician's Phone #: _____
 Medication is kept: _____

- An EpiPen has been provided for the classroom: EXPIRY DATE: _____
- An EpiPen has been provided for the child to carry at all times.
EXPIRY DATE: _____
- A medic alert bracelet has been provided for the child to wear at all times.

Possible Anaphylaxis Symptoms:

- flushed face, hives, tingling in the mouth, swelling or itchy lips, tongue, eyes
- tightness in throat, mouth, chest
- difficulty breathing or swallowing, wheezing, coughing, choking
- vomiting, nausea, diarrhea, stomach pains
- loss of consciousness
- fear and or panic
- dizziness, unsteadiness, sudden fatigue, rapid heartbeat

List any other symptoms for your child:

If an ambulance has been contacted, but has not arrived within 10-15 minutes and breathing difficulties are present or child is unconscious, we will give a second EpiPen dosage. Your child will be taken to hospital even if symptoms subside entirely. We will send an additional EpiPen if available with the ambulance driver.



I, _____ give consent to
Print name

have treatment administered to my child _____
Print Name

Signature: _____
Parent/Guardian

Date: _____

Physician Signature: _____

Date: _____

Name of Medication(s): _____

Expiry date(s): _____

Parent input on Emergency Plan:
Suggestions

Please supply us with TWO EpiPens. This form will be posted in the classrooms, food preparation areas, hallways and parent board. The classroom, hallway and parent board copy will have your home address and phone number blacked out. Please sign below to acknowledge posting information.

Parent Signature: _____ Date: _____

INDIVIDUAL PLAN OF ACTION

Once an allergic reaction has been identified as anaphylaxis;

1. One staff will administer the EpiPen **ASAP** and stay with the child.
2. The second staff will call 911 and contact the Supervisor
3. The Supervisor will call the parent
4. The staff will be monitoring the child and following the instructions of the 911 operator until the paramedics arrive.
5. The staff may give second dose of epi-pen in 5-15 min. **IF** reactions continues or worsens.
6. The Supervisor/Director will go in the ambulance with the child and stay there until a parent arrives at the hospital

Each staff is required to obtain a CERTIFICATE OF COMPLETION IN ALLERGY AWARENESS.

Wednesday, July 29, 2020