



ANAPHYLACTIC STUDENT EMERGENCY PROCEDURE PLAN

Student Name: _____ Grade: _____ Division: _____ Date of Birth _____
(Y/M/D)

Student's Picture (Optional)	<p>Physician to Complete:</p> <p>Physician Name: _____ Office Phone: _____</p> <p>This student has a potentially life-threatening allergy (anaphylaxis) to:</p> <p><input type="checkbox"/> Peanut <input type="checkbox"/> Tree nuts <input type="checkbox"/> Sesame Seeds <input type="checkbox"/> Sea food <input type="checkbox"/> Egg <input type="checkbox"/> Milk <input type="checkbox"/> Medication: _____</p> <p><input type="checkbox"/> Insect Stings <input type="checkbox"/> Latex <input type="checkbox"/> Other: _____</p> <p>This student is know to exhibit all or some of these signs and symptoms during an anaphylactic reaction:</p> <p><input type="checkbox"/> Swelling (eyes, lips, face, tongue) <input type="checkbox"/> Coughing <input type="checkbox"/> Choking <input type="checkbox"/> Wheezing <input type="checkbox"/> Difficulty Swallowing</p> <p><input type="checkbox"/> Throat tightness <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Nausea <input type="checkbox"/> Stomach pain/cramps <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea</p> <p><input type="checkbox"/> Flushed face or body <input type="checkbox"/> Hives/rash <input type="checkbox"/> Fainting <input type="checkbox"/> Dizziness <input type="checkbox"/> Confusion <input type="checkbox"/> Pale/cool/clammy skin</p> <p><input type="checkbox"/> Weak pulse <input type="checkbox"/> Other: _____</p>
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<p>EMERGENCY PROCEDURES:</p> <ol style="list-style-type: none"> Administer epinephrine auto-injector (e.g. EpiPen® or Twinject®) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Call 9-1-1. Request and ambulance for a person that is having a life-threatening allergic reaction. Stay on the phone until told to hang up by the 9-1-1 Operator. Have the person taken to the hospital by ambulance even if the symptoms are mild or have stopped. Have a staff member accompany the student to the hospital in the ambulance. Contact the Parent/Guardian and inform them of what has happened and what hospital the student was taken to. 	<p>Location of Spare Medication:</p> <p>The spare epinephrine auto-injector is stored in:</p> <p>Room: _____</p> <p>Location within Room:</p> <p>_____</p>
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Additional information on this student's medical condition/emergency procedures:

Medication Name: _____ Dose: _____	Physician Signature: _____ Date: _____
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Emergency Contact Information:

Name: _____ Relationship: _____ Daytime Phone: _____ Cell: _____

Name: _____ Relationship: _____ Daytime Phone: _____ Cell: _____

Request for Administration of Medication Form on file: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Legal Guardian Initial: _____	Principal Initial: _____	Date to be reviewed: _____
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Parent/Guardian Please Complete:

- Discussed and reviewed Anaphylaxis Responsibility Checklist with principal? yes no
- Two auto-injectors provided for school use (if prescribed by physician)? yes no
- Student is capable of self-administration of auto-injector? yes no
- Student will keep one auto-injector on their person at all times? yes no

I acknowledge that the school will store the spare auto-injector in the following location:

I am aware that the school is not responsible for providing medical information or access to medication for childcare or other activities that may occur in or on the school property, but are not run by the School District. ... yes no

Personal information on this form is collected by School District #35 (Langley) for the purpose of providing emergency care for your child and for administering the anaphylaxis program. Personal information on this form is collected and will be protected in accordance with the Freedom of Information and Protection of Privacy Act.

If you have any questions or concerns about the collection of your child's personal information, please contact the school Principal directly. By signing this form, you give consent to the Board of Education to disclose your child's personal information to:

- first aid attendants
- office staff
- teaching staff
- special education assistants
- itinerant staff working with student
- noon supervisor
- school bus driver(s)
- school bus dispatcher
- custodial staff
- volunteers who may have care and control of your child
- Others as follows _____

This consent is valid and in effect until it is revoked in writing by you.

Parent/Legal Guardian Signature

Date