



ANAPHYLACTIC REACTIONS PROTOCOL

TO BE COMPLETED BY PARENT AND SCHOOL
ANNUAL UPDATE REQUIRED

Please note that the gray shaded areas are to be completed by school staff once the form is returned by the parent.

STUDENT'S NAME (please print): _____

HOMEROOM TEACHER'S NAME: _____

My child has been diagnosed as anaphylactic by his/her physician, s/he is allergic to:

Address _____ _____ Phone # _____ contact during the day _____ Physician's Name: _____ Phone # _____	PLACE PHOTO HERE (Parent to provide photo upon registration and September of each of the following years)	SCHOOL'S EPIPEN IS KEPT: In Office <input type="checkbox"/> Other: _____ _____ _____ EXPIRY DATE OF EPIPEN: _____
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POSSIBLE SYMPTOMS:	LIST ADDITIONAL/ OTHER SYMPTOMS FOR YOUR CHILD:
<input type="checkbox"/> flushed face, hives, tingling in the mouth, swelling or itchy lips, tongue, eyes	
<input type="checkbox"/> tightness in throat, chest	
<input type="checkbox"/> difficulty breathing or swallowing, wheezing, coughing, choking	
<input type="checkbox"/> vomiting, nausea, diarrhea, stomach pains	
<input type="checkbox"/> loss of consciousness	
<input type="checkbox"/> fear and/or panic	

ACTION – EMERGENCY ACTION PLAN:
<input type="checkbox"/> Use EpiPen® immediately
<input type="checkbox"/> DESIGNATE SOMEONE TO CALL AN AMBULANCE and advise the dispatcher that a student is having an anaphylactic reaction (a severe life-threatening allergic reaction).
<input type="checkbox"/> Call parent/guardian
<input type="checkbox"/> If ambulance has not arrived in 15 minutes and breathing difficulties are present or student is unconscious give second EpiPen®.
<input type="checkbox"/> The student must be taken to a hospital immediately, even if symptoms subside entirely.
<input type="checkbox"/> Send second EpiPen® with the ambulance if it has not been administered.

I realize that it is my responsibility to:

- provide both the school and the student with one in-date EpiPen® each (two in total) to use at school;
- ensure that my child carries his/her EpiPen® at all times and that the second EpiPen® will be administered in the event that the ambulance hasn't arrived within 15 minutes of the first application and breathing problems persist;
- alert the school to my child's anaphylactic allergies by completing the anaphylactic reactions protocol, the request for administration of medication or advisement of self-administration of medication on the forms prescribed upon registration of my child and each September if my child is a returning student;
- replace the EpiPen®(s) in advance of the listed expiry date;
- provide a picture of my child to the office each September; and
- call the school to schedule a meeting with the teacher/principal to discuss my child's anaphylactic reactions protocol if I so desire.

I understand that even if I consent to let my child self-administer medication, the severity of my child's reaction and/or anxiety may hinder any attempt to do so and as a result, my child may require the assistance of medically untrained staff.

I give permission to the school principal to post my child's picture and a copy of this form anywhere in the school so that all staff are alerted to this situation.

I give permission to the school principal to share this information with Student Transportation Services.

I give permission to the school principal to share this information with cafeteria services (secondary schools).

I give permission to the principal to share this information with Student Transportation Service and the secondary school level with cafeteria food services.

I will consider providing my child with suitable identification, for example, MedicAlert®, in the event of an emergency.

Parent/Guardian Signature _____

Date: _____

Physician Signature: _____

Date: _____

NAME OF MEDICATION(S):

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990, c.E.2 and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O., 1990, c.M.56.