Anaphylactic Student Emergency Procedure Plan

To Be Reviewed Annually

Stude	ent Information -	please	print			
Name:	: First Name			Last Name		
				Last Wal	Male	☐ Female
	Birth:				L Maic	L T CITIAIC
Parent	t(s) / Guardian(s) wit	h whom	the student r	esides:		
Attach Recent Student Photo	First Name			Last Name		
	hone:		Cell Phone:			
Work P	hone:		Email Addr	ess:		
Emerg	ency Contact:					
	-		First Name			t Name
	e Phone:		-			
Teach	er's Name:					
Allergy Information - to be comp	leted by the phys	sician				
Physician's Name:			_ Clinic:			
Daytime Phone:		_ Fax Nu	umber:			
	Dairy Other Other: edness, rash tness of breath, lest pain/ like symptoms ezing), trouble	SkiCapa:Otlute	n - hives, swell rdiovascular (he ssing out, dizzy ner - anxiety, fe erine cramps in ditional sympto	ing, itching eart) - pale, /lightheade eling of `im females ms:	, warmth, redn blue colour, we d, shock pending doom	ess, rash eak pulse, ', headache,
Emergency Protocol	Emergency Medi	ication	- to be com	pleted l	y the phys	sician
 Administer single dose, single-use auto-injector and call 911. 	NOTE: Emergency m					
One person stays with the student at all times.	school setting. Oral personnel.	antihista	nmines will no	ot be admi	nistered by s	chool
Notify parent/guardian.	Name of emergency m	edication				
 Administer second auto-injector in 10 to 15 minutes if symptoms do not improve or if symptoms recur. 	Dosage:					
Have ambulance transport student to hospital.	Physician Signature:					
	Date:	Day / Monti	h / Year	<u> </u>		



Anaphylactic Emergency Plan Development - to be com	pleted by the pare	ent / guardi	an	
Have you discussed and reviewed the Anaphylaxis Responsibility Checklist with	n the school principal?	Yes	☐ No	
lave you provided two auto-injectors for the school?			☐ No	
Is your child aware of how to administer the auto-injector?		☐ Yes ☐ No ☐ Yes ☐ No		
Does your child carry an auto-injector at all times?				
If you answered 'no' for the last question, please state the reason:				
Your child's personal information is collected under the authority of the <i>Schoo of Privacy Act</i> . School personnel who are exposed to this plan are required to health information. The Board of Education may use your child's personal info	maintain the confidentia	lity of the stude		
Health, safety, treatment and protectionEmergency care and response				
If you have any questions about the collection of your child's personal information signing this form, you give your consent to the Board of Education to disclose persons reasonably expected to have supervisory responsibility of school-age early learning programs (as outlined in the <i>BC Anaphylactic and Child Safety F</i> is valid and in effect until it is revoked in writing by you. If there is a change in the school principal of the change and to review this plan promptly.	your child's personal info students and preschool a framework 2007) for the	ormation to scho age children part above purposes	ool staff and ticipating in s. This consent	
Parent / Guardian Signature	Date (Day / Month / Year)			
Anaphylactic Emergency Plan Development - to be completed by the school principal				
Copies of this Anaphylactic Emergency Procedure Plan will be located in the following places:				
	Date o	of Current P	lan:	
	Date (Day / Month / Yea	 ar)	
Location(s) for auto-injectors:	Date	e for Reviev	A/*	
	Date	c for iterier	••	
	Date (Day / Month / Ye	ar)	
Principal's Signature				
Date (Day / Month / Year)				