



Anaphylaxis Individual Plan & Emergency Procedures For:

(Name of Child)

This Child has a potentially life-threatening allergy (anaphylaxis) to:

Please Place
Child's
Photograph
Here

☐ Peanuts ☐ Tree Nuts ☐ Eggs ☐ Milk ☐ Latex

☐ Medication: _____

☐ Insect Stings: _____

☐ Other: _____

School policy on monitoring and avoidance of allergens is as follows:

- **There is a “No Peanuts, Please” policy in effect in the school.**
- **All food served at the school is purchased from commercial food distributors.**
- **Posting of emergency forms in the classroom and cafeteria allows for staff and volunteers to be aware of students with allergies.**

Epinephrine Auto-Injector (“Epi-Pen”) Expiry Date: _____
Month Year

Note: Two Epi-Pens must be supplied for any child with an Anaphylaxis allergy. One Epi-Pen will be located in the main office. For Toddler to Senior Kindergarten, the second Epi-Pen will be located in the child's classroom. For Grades 1-8, the second Epi-Pen will be in a pouch on the child's person at all times.

Location of Auto-Injectors: ☐ Office ☐ Classroom ☐ Waist Pouch

Dosage:

☐ Epi-Pen Jr. 0.15 mg ☐ Epi-Pen 0.30 mg ☐ Twinject 0.15 mg ☐ Twinject 0.30

☐ **Asthmatic:** Child is at greater risk. If a child is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

The following anaphylactic reaction(s) may occur, and should be watched for:

Skin:	<input type="checkbox"/> hives	<input type="checkbox"/> swelling	<input type="checkbox"/> itching	<input type="checkbox"/> warmth	<input type="checkbox"/> redness	<input type="checkbox"/> rash
Mouth:	<input type="checkbox"/> itching	<input type="checkbox"/> swelling of lips and/or tongue				
Throat:	<input type="checkbox"/> itching	<input type="checkbox"/> hoarse voice	<input type="checkbox"/> trouble swallowing		<input type="checkbox"/> tightness/closure	
Respiratory: (breathing)	<input type="checkbox"/> wheezing	<input type="checkbox"/>	<input type="checkbox"/> shortness of breath		<input type="checkbox"/> chest pain/tightness	
	<input type="checkbox"/> nasal congestion or hay fever-like symptoms (runny itchy nose, watery eyes, sneezing)					
Gastrointestinal: (stomach)	<input type="checkbox"/> nausea	<input type="checkbox"/> pain/cramps	<input type="checkbox"/> vomiting	<input type="checkbox"/> diarrhea		
Cardiovascular: (heart)	<input type="checkbox"/> pale/blue colour	<input type="checkbox"/> weak pulse	<input type="checkbox"/> passing out	<input type="checkbox"/> dizzy/light headed		<input type="checkbox"/> shock
Other:	<input type="checkbox"/> anxiety	<input type="checkbox"/> headache	<input type="checkbox"/> feeling of “impending doom”			

***Early recognition of symptoms and immediate treatment could save a child's life.
Act quickly. The first signs of a reaction can be mild, but symptoms can rapidly worsen.***

Action To Take:

1. ☐ Give epinephrine auto injector at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen.
2. ☐ Give a second dose in 10 – 15 minutes or sooner if the reaction continues or worsens.
3. ☐ Call 911: Tell them a child is having a life-threatening allergic reaction – use the word “anaphylactice”. Request an ambulance immediately.
4. ☐ Call contact person.
5. ☐ Escort child in ambulance and remain with the child until parent arrives.
6. ☐ Other: _____

Name of Child: _____

Emergency Contact Information:

Name	Relationship	Home Phone	Work Phone	Cell Phone

I, _____, the parent or guardian of the aforementioned child, authorizes any adult to administer epinephrine in the event of an anaphylactic reaction, as described herein. I also consent to the posting of this plan in my child's classroom as well as a location near the staff room, and to the sharing of this information with all staff, student teachers and volunteers.

Parent/Guardian Signature

Date

I, _____, have received and given input on the above named student's anaphylactic individual plan and emergency procedure plan.

Physician's Signature

Date