

School District No. 27 (Cariboo-Chilcotin)
ANAPHYLACTIC STUDENT EMERGENCY PROCEDURE PLAN

Photo ID

Parent / Caregiver to Complete:

| | | | |
|---|---|-----------------------|---------------|
| Student Name | | | |
| Date of Birth (m/d/y) | | “ M “ F “ X | Care Card# |
| Parent/Caregiver | | | Daytime Phone |
| Emergency Contact | | | Daytime Phone |
| • Discussed and reviewed Anaphylaxis Responsibility Checklist with principal? | Y | | N |
| • Two auto-injectors provided to school? | Y | | N |
| • Student aware of how to administer? | Y | | N |
| • Auto-injector locations: | | | |

Your child's personal information is collected under the authority of the *School Act* and the *Freedom of Information and Protection of Privacy Act*. The Board of Education may use your child's personal information for the purposes of health, safety, treatment and protection AND emergency care and response.

If you have any questions about the collection of your child's personal information, contact the school principal directly. By signing this form, you give your consent to the Board of Education to disclose your child's personal information to school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (as outline in the *BC Anaphylactic and Child Safety Framework 2007*) for the above purposes. This consent is valid and in effect until it is revoked in writing by you.

| | |
|------------------------------------|---------------------|
| Parent / Guardian Signature | Date (m/d/y) |
|------------------------------------|---------------------|

PHYSICIAN TO COMPLETE:

| | |
|-----------------------|-----------|
| Physician Name | Day Phone |
| | Fax |

Allergies (Do not include antibiotics or other drugs)

| | | | |
|---------|-------|--------|-------------|
| Peanuts | Nuts | Dairy | Other Food: |
| Insects | Latex | Other: | |

| | |
|--|--|
| Symptoms: | Additional Symptoms: |
| <ul style="list-style-type: none"> • Skin: hives, swelling, itching, warmth, redness, rash, • Respiratory (breathing): wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion, or hay fever-like symptoms (runny itchy nose and watery eyes, | <ul style="list-style-type: none"> • Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea, • Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy/light-headed, shock. • Other: anxiety, feeling or “impending doom”, headache, sneezing), trouble swallowing uterine cramps in females |

| | |
|---|---|
| EMERGENCY PROTOCOL | EMERGENCY MEDICATION |
| <ol style="list-style-type: none"> 1. Administer single dose, single-use auto-injector and call 911 2. Notify Parent/Caregiver 3. Administer second auto-injector in 5 to 10 minutes, or sooner, if symptoms do not improve or if symptoms recur 4. Have an ambulance transport student to the hospital | <p>NOTE: Emergency medication must be a single-dose single-use auto-injector for a school setting. Oral antihistamines will not be administered by school personnel.</p> <p>Name of Emergency Medication:</p> <p>Dosage:</p> |

| | |
|-----------------------------|---------------------|
| Physician Signature: | Date (m/d/y) |
|-----------------------------|---------------------|

