

# 2016-17 ANAPHYLAXIS EMERGENCY TREATMENT PLAN

*Early recognition of symptoms and immediate treatment could save this person's life.*

This information is collected pursuant to the Education Act and The Municipal Freedom of Information and Protection of Privacy Act, 1992.

Student's photo

2 x 2.5

\_\_\_\_\_ has a potentially life-threatening allergy  
(anaphylaxis) to:

†Peanut      Tree Nuts      Egg      Milk      Insect Stings      Latex †  
Other: \_\_\_\_\_

Does the student have a diagnosis of Asthma: Y or N

†Medication: \_\_\_\_\_

**A person having an anaphylactic reaction might have ANY of these signs and symptoms:**

- **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, sneezing, trouble swallowing)
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing-out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of "impending doom", headache

**Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.**

1. **Give epinephrine auto-injector** (EpiPen or Twinject) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second does in 10 to 15 minutes, or sooner, **IF** the reaction continues or worsens.
2. **Call 911.** Tell dispatcher that someone is having a life-threatening allergic reaction. Ask that an ambulance be sent immediately.
3. **Go to the nearest hospital**, even if symptoms are mild or have stopped. Stay in the hospital for an appropriate period of observation, generally 4 hours, but at the discretion of the ER physician. The reaction could come back.
4. **Call contact person.**

**Emergency Contact Information:**

Name	Relationship	Home Phone	Work Phone	Cell Phone

*The undersigned patient, parent or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above.*

\_\_\_\_\_  
*Patient/Parent/Guardian signature*

\_\_\_\_\_  
*Date*

- Parent grants permission for a copy of this form be given to their child's bus driver, where applicable (elementary students only).**