

EMERGENCY ACTION PLAN FOR STUDENTS WITH ANAPHYLAXIS

For Use Where Applicable (e.g. in: Classroom, Lunchroom, Staff Room, Office, Out of School Programs)

Name: _____	<i>Place Student's Photo Here</i> <i>(to be provided by parent)</i>
Allergen(s): _____	
<u>ALLERGY DESCRIPTION</u>	
This child has a DANGEROUS, life threatening allergy to the following:	

RESTRICTIONS

List restrictions for this student, if any: _____

POSSIBLE SYMPTOMS (order may vary)

- flushed face, hives, swelling or itchy lips, tongue, eyes
- tightness in throat, mouth, chest
- difficulty breathing or swallowing, wheezing, coughing, choking
- vomiting, nausea, diarrhea, stomach pains
- dizziness, unsteadiness, sudden fatigue, rapid heartbeat
- loss of consciousness

EMERGENCY ACTION PLAN

Principals must fill out an O.S.B.I.E. incident form any time a student is taken by ambulance to a hospital as the result of an anaphylactic reaction.

NOTE: Epinephrine auto-injector (e.g. EpiPen®) are kept: _____
Expiry Date: _____

KNOW WHAT TO DO: The first signs of reaction can be mild but symptoms can get much worse quickly.

- Use epinephrine auto-injector (e.g. EpiPen®) immediately.
- Call 911 and advise the dispatcher that a child is having an anaphylactic reaction.
- If ambulance has not arrived in 10-15 minutes and breathing difficulties are present, give a second epinephrine auto-injector (e.g. EpiPen®), if available.
- Even if symptoms subside entirely, this child must be taken by ambulance to the hospital.

Signature of Doctor: _____ Date: _____

Signature of Parent: _____ Date: _____

Signature of Principal: _____ Date: _____

Permission to Post (where applicable) Yes No