

## Anaphylaxis or Severe Allergy Alert Form

*This form must be completed annually, or sooner if the student's allergies change. It is to be filed in the Digital Student Record.*

| <b>STUDENT INFORMATION (to be completed by Parent or Guardian or Independent Student)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |  |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--|-------------|
| Student Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <i>Place Student Photo Here</i> |  |             |
| Date of Birth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |  | Home Phone: |
| School:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |  | Grade:      |
| Name of Parent/Guardian:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |  | Daytime #:  |
| Emergency Contact:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |  | Daytime #:  |
| <b>Allergy Description: Avoidance is the key to preventing an emergency</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |  |             |
| This student has potentially life-threatening allergy (anaphylaxis) to:<br><input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Eggs <input type="checkbox"/> Milk <input type="checkbox"/> Insect Stings <input type="checkbox"/> Latex<br><input type="checkbox"/> Medication: _____ <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |  |             |
| And all substances containing them in any form or amount, including the following kinds of items:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |  |             |
| General Precautions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |  |             |
| <b>By initialling and signing below, I indicate that I understand why I have been asked to disclose the student's identifying information and am aware of the risks or benefits of consenting or refusing to consent to the disclosure.</b><br><br>_____ I give permission for the school to distribute photographs and medical information to key personnel.<br>_____ I give consent for the school and personnel to assist with the administration of medication via epinephrine auto-injector (EpiPen) in the event of an emergency.<br>_____ I give the school division consent to place a copy of this form in the student's cumulative student record.<br>_____ I understand that it is my responsibility to ensure that this information regarding my child's/my anaphylactic allergy remains current and up-to-date and that I will notify the school if there are any changes. |                                 |  |             |
| Signature of Parent/Guardian or Independent Student                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date                            |  |             |
| Signature of Principal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date                            |  |             |

|                                                                                         |
|-----------------------------------------------------------------------------------------|
| <b>Information for Staff Responsible for Student (to be completed by Principal):</b>    |
| Location of auto-injector (EpiPen): _____                                               |
| Names of those who can use auto-injector: _____                                         |
| Checklist:                                                                              |
| <input type="checkbox"/> Training provided to all required staff, including volunteers. |
| <input type="checkbox"/> Information made available in key locations                    |
| <input type="checkbox"/> Notified the Director of Transportation                        |
| <input type="checkbox"/> Review safety information with student                         |

# Anaphylaxis Emergency Plan: \_\_\_\_\_ (name)

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

PHOTO

(Check the appropriate boxes.)

☐ Food(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Insect stings ☐ Other: \_\_\_\_\_

**Epinephrine Auto-Injector:** Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

**Dosage:**

☐ EpiPen Jr® 0.15 mg ☐ EpiPen® 0.3 mg

**Location of Auto-Injector(s):** \_\_\_\_\_

☐ **Previous anaphylactic reaction:** Person is at greater risk.

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

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

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal system (stomach):** nausea, pain or cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

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

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

1. **Give epinephrine auto-injector** (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction. (See attached instructions.)
2. **Call 9-1-1** or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. **Give a second dose of epinephrine** as early as 5 minutes after the first dose if there is no improvement in symptoms.
4. **Go to the nearest hospital immediately (ideally by ambulance)**, even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4-6 hours).
5. **Call emergency contact person (e.g. parent, guardian).**

## 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. This protocol has been recommended by the patient's physician.*

\_\_\_\_\_  
Patient/Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature ☐ On file

\_\_\_\_\_  
Date

# Blue to the sky. Orange to the thigh.

## How to use EpiPen® and EpiPen Jr® (epinephrine)

Remove the EpiPen® from the carrier tube and follow these 2 simple steps:



- Grasp with orange tip pointing downward
- Remove blue safety cap by pulling straight up – do not bend or twist



- Place the orange tip against the middle of the outer thigh
- Push hard against the leg until you hear a pop, which signals that the injection has started
- Hold in place for 3 full seconds

### Built-in needle protection

After injection, the orange cover automatically extends to ensure the needle is never exposed.

**After using EpiPen®, you must seek immediate medical attention or go to the emergency room. For the next 48 hours, you must stay close to a healthcare facility or be able to call 911.**

### Visit **EpiPen.ca**

EpiPen® and EpiPen Jr® (epinephrine) are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions. Selection of the appropriate dosage strength is determined according to patient body weight.

EpiPen® and EpiPen Jr® are designed as emergency supportive therapy only. They are not a replacement for subsequent medical or hospital care. After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911. To ensure this product is right for you, always read and follow the label. Please consult the Consumer Information leaflet in your product package for warnings and precautions, side effects, and complete dosing and administration instructions.

Toll free: 1-877-EPIPEN1 (1-877-374-7361)



Trusted for over 35 years.

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