

POLICY IHCD – Administration of Medical Assistance to Students Exhibit 1 – Anaphylaxis or Severe Allergy Alert Form Page 1

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.

STUDENT INFORMATION (to be completed by Parent or Guardian or Independent Student)		
Student Name:	F	
Date of Birth:	Home Phone:]
School:	Grade:	Place Student Photo Here
		1 tuce Student 1 now 11crc
Name of Parent/Guardian:	Daytime #:	
-		
Emergency Contact:	Daytime #:	
	<u> </u>	
Allergy Description: Avoidance is the key to preventing an emergency This student has potentially life-threatening allergy (anaphylaxis) to:		
☐ Peanuts ☐ Tree Nuts ☐ Eggs	laphylaxis) to: ☐ Milk ☐ Insect Stings	☐ Latex
☐ Medication: ☐ Other		
And all substances containing them in any form or amount, including the following kids of items:		
General Precautions:		
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.		
identifying information and am aware or	the risks of behelfts of consenting of refusin	ig to consent to the disclusure.
I give permission for the school to distribute photographs and medical information to key personnel.		
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.		
I give the school division consent to place a copy of this form in the student's cumulative student record.		
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
Information for Staff Responsible for Student (to be completed by Principal):		
Location of auto-injector (EpiPen):		
Names of those who can use auto-injector:		
Checklist:		
☐ Training provided to all required staff, including volunteers.		
☐ Information made available in key locations		
□ Notified the Director of Transportation		
☐ Review safety information with student		

The personal information collected on this form is for the purpose of education program administration and providing emergency medical assistance to students. This collection is authorized by section 4(c) of the Alberta Protection of Privacy Act, the Education Act, the Student Record Regulation, the Emergency Medical Aid Act, and the Protection of Students with Life-Threatening Allergies Act. For questions about the collection of personal information, please contact the Principal of the school or the ATI Coordinator at (780) 532-8133.



POLICY IHCD – Administration of Medical Assistance to Students Exhibit 1 – Anaphylaxis or Severe Allergy Alert Form Page 2

