

## 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: <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 <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>  _____ 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		

<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



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