



MEDICAL ALERT PLANNING FORM INFORMATION AND PLAN WHILE IN THE CARE OF THE SCHOOL

School District No. 73 (Kamloops/Thompson)



Fill out page 1 for all conditions except **anaphylaxis**, fill out page 2 if child is **anaphylactic**.

For School Year

MSP# _____

Student Name: _____ Birth Date: _____
(Y / M / D)

Parent or Guardian _____
Home Phone: _____ Bus Phone: _____

Emergency Contact Name: _____
Phone: _____

Physician: _____
Phone: _____



Potentially life threatening medical condition diagnosed as: _____

1. New Condition: Yes No Date condition identified: _____

2. Describe the potential problem: _____

PLAN WHILE IN THE CARE OF THE SCHOOL:

To be updated annually and when the child's condition changes. The plan is updated by the student/parent, in consultation with the family physician and reviewed with principal in consultation with the public health nurse as needed.

• Symptoms to watch for are: _____

• Preventative measures: _____

Medication needed: Yes No Name of medication: _____
(If yes "Request for Administration of Medication at School" form Parts A, B, & C must be completed and provided to the school).

*Emergency Plan school staff need to follow (step by step):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

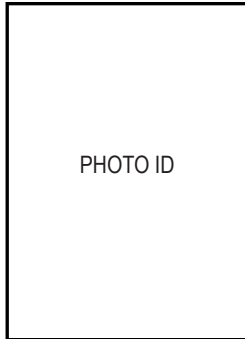
INFORMATION REVIEW by parent/guardian: (Review minimum annually)

1. _____
Sign & Date
2. _____
Sign & Date
3. _____
Sign & Date
4. _____
Sign & Date

TRAINING REVIEW: (Review minimum annually)

1. _____
Sign & Date
2. _____
Sign & Date
3. _____
Sign & Date
4. _____
Sign & Date

School District No. 73 (Kamloops/Thompson)
ANAPHYLACTIC STUDENT EMERGENCY PROCEDURE PLAN



MSP#: _____

Anaphylactic Student Emergency Procedure Plan

Parent/Guardian please complete

Student's Name: _____

Date of Birth: _____ (Y/M/D)

Sex: Male Female

Parent/Guardian: _____

Daytime Phone: _____

Emergency Contact: _____

Daytime Phone: _____

Physician: _____

Physician Phone: _____

Physician please complete

Physician's Name: _____

Daytime Phone: _____ Fax: _____

Allergen: (Do not include antibiotics or other drugs)

Peanuts Nuts Dairy Other food _____

Insects Latex Other _____

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, dizzy/light headed, shock
- Other: anxiety, feeling of "impending doom", headache, uterine cramps in females

Additional symptoms: _____

Emergency Protocol

- Administer single dose, single-use auto-injector
- Call 911
- Notify Parent-Guardian
- Administer second single-dose single-use auto-injector in 10 to 15 minutes, or sooner, if symptoms do not improve or if symptoms recur
- Have ambulance transport student to hospital

Emergency Medication

NOTE: Emergency medication must be a single-dose single-use auto-injector for school setting. Oral antihistamines will not be administered by school personnel.

Name of emergency medication: Epipen

Dosage: 0.3 mg

Physician Signature

Date (Y/M/D)

Anaphylactic Student Emergency Procedure Plan

Parent/Guardian please complete

Discussed and reviewed Anaphylaxis Responsibility Checklist with principal?..... Yes No

Two single-dose single-use auto-injectors provided to schools? Yes No

Student aware of how to administer? Yes No

Auto-injector locations: _____

Your child's personal information is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act. The Board of Education may use your child's personal information for the purposes of:

- Health, safety, treatment and protection
- Emergency care and response

If you have any questions about the collection of your child's personal information, please contact the school principal directly. By signing this form, you give your consent to the Board of Education to disclose your child's personal information to school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (as outlined in the BC Anaphylactic and Child Safety Framework 2007) for the above purposes. This consent is valid and in effect until it is revoked in writing by you.

Parent/Guardian Signature

Date (Y/M/D)