

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: _____

Dosage: _____

 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)