

Anaphylaxis Action Form: School District 64 (Gulf Islands)

Date Developed: _____

Review Date: _____

Student Photo (recommended)	Student Name: _____	Date of Birth: _____	M__ F__																
	Parent/Guardian(s): _____ Daytime Phone: _____ Emergency Contact Name: _____ Emergency Phone: _____ Physician Name: _____	<p style="text-align: center;"><i>Please do not include antibiotics or other drugs on this form</i></p> <p>Allergen: <input type="checkbox"/>Peanuts <input type="checkbox"/>Nuts <input type="checkbox"/>Dairy <input type="checkbox"/>Insects <input type="checkbox"/>Latex <input type="checkbox"/>other _____</p> <p>Additional information:</p>																	
<p style="text-align: center;">Anaphylaxis Prevention Strategies</p> <p>Parent/Student Responsibilities:</p> <ul style="list-style-type: none"> • Inform teacher of allergy, emergency treatment and location of both a single dose Epinephrine auto-injector such as EpiPen • Ensure student wears a MedicAlert bracelet or necklet • Ensure student with food allergies eats only food/drinks from home • Discuss appropriate location of both a single dose Epinephrine auto-injector such as EpiPen with teacher/principal • Check expiry date on the single dose Epinephrine auto-injectors <p>Teacher Responsibilities:</p> <ul style="list-style-type: none"> • In consultation with parent/student/Public Health Nurse, provide allergy information for the class • Inform teacher-on-call of student with anaphylaxis, emergency treatment and location of both a single dose Epinephrine auto-injector such as EpiPen <p>When student has a food allergy ...</p> <ul style="list-style-type: none"> • In consultation with Public Health Nurse, develop an "allergy aware" classroom • Encourage students NOT to share food, drinks or utensils • Encourage a non-isolating eating environment for the student(s) • Encourage all students to wash hands with soapy water before and after eating • Insist that students wash desks with soap and water after eating • Do not use the identified allergen(s) in classroom activities <p>On field trips/co-curricular/extra-curricular activities ...</p> <ul style="list-style-type: none"> • Take both a single dose Epinephrine auto-injector such as EpiPen a copy of the Anaphylaxis Action Form and a cellular phone (or appropriate portable phone) • Be aware of anaphylaxis exposure risk (food, latex and insect allergies) • Inform co-supervising adults of student and emergency treatment • Request supervising adults sit near student in bus (or vehicle) 		<p>Symptoms: (please check all that apply at any severity or intensity level; can vary from attack to attack)</p> <table border="0"> <tr> <td><input type="checkbox"/>swelling - eyes, lips, tongue, face</td> <td><input type="checkbox"/>coughing</td> </tr> <tr> <td><input type="checkbox"/>cold, clammy and/or sweating skin</td> <td><input type="checkbox"/>choking</td> </tr> <tr> <td><input type="checkbox"/>flushed face or body</td> <td><input type="checkbox"/>wheezing</td> </tr> <tr> <td><input type="checkbox"/>fainting</td> <td><input type="checkbox"/>vomiting</td> </tr> <tr> <td><input type="checkbox"/>loss of consciousness</td> <td><input type="checkbox"/>diarrhea</td> </tr> <tr> <td><input type="checkbox"/>dizziness or confusion</td> <td><input type="checkbox"/>stomach cramps</td> </tr> <tr> <td></td> <td><input type="checkbox"/>voice changes</td> </tr> <tr> <td></td> <td><input type="checkbox"/>other _____</td> </tr> </table>		<input type="checkbox"/> swelling - eyes, lips, tongue, face	<input type="checkbox"/> coughing	<input type="checkbox"/> cold, clammy and/or sweating skin	<input type="checkbox"/> choking	<input type="checkbox"/> flushed face or body	<input type="checkbox"/> wheezing	<input type="checkbox"/> fainting	<input type="checkbox"/> vomiting	<input type="checkbox"/> loss of consciousness	<input type="checkbox"/> diarrhea	<input type="checkbox"/> dizziness or confusion	<input type="checkbox"/> stomach cramps		<input type="checkbox"/> voice changes		<input type="checkbox"/> other _____
<input type="checkbox"/> swelling - eyes, lips, tongue, face	<input type="checkbox"/> coughing																		
<input type="checkbox"/> cold, clammy and/or sweating skin	<input type="checkbox"/> choking																		
<input type="checkbox"/> flushed face or body	<input type="checkbox"/> wheezing																		
<input type="checkbox"/> fainting	<input type="checkbox"/> vomiting																		
<input type="checkbox"/> loss of consciousness	<input type="checkbox"/> diarrhea																		
<input type="checkbox"/> dizziness or confusion	<input type="checkbox"/> stomach cramps																		
	<input type="checkbox"/> voice changes																		
	<input type="checkbox"/> other _____																		
		<p>Emergency Protocol:</p> <ul style="list-style-type: none"> • Administer single dose of Epinephrine with auto injector • Call 911 requesting advanced life support ambulance • Notify parent/guardian • Administer second single dose of Epinephrine using auto-injector if no improvement in symptoms after 10 minutes • Have ambulance transport to hospital <p>Epinephrine auto-injector location #1:</p> <p>Epinephrine auto-injector location #2:</p>																	