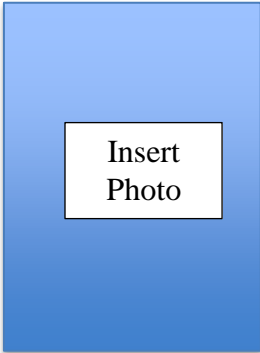




SCHOOL DISTRICT NO. 64

**PROCEDURE 3150-1 (form)
Severe Allergies/Anaphylaxis Action Form**

*"Inspire learners, Integrate sustainability,
Involve community"*

<h2 style="margin: 0;">Anaphylaxis Action Form: School District 64 (Gulf Island)</h2>		Date Developed: _____ Review Date: _____ _____
Student Name: _____	<u>Date Of Birth:</u> mm/dd/yyyy _____/_____/_____	<input type="radio"/> <u>Male</u> <input type="radio"/> <u>Female</u> <input type="radio"/> <u>Other</u>
Parent/Guardian(s): _____	Student Photo (recommended) 	<i>Please do not include antibiotics or other drugs on this form</i>
Daytime Phone: _____		<u>Allergen:</u>
Emergency Contact Name: _____		<input type="radio"/> Peanuts <input type="radio"/> Nuts <input type="radio"/> Dairy <input type="radio"/> Insects <input type="radio"/> Latex <input type="radio"/> Other _____ _____
Emergency Phone: _____		
Physician Name: _____		
<u>Symptoms:</u> (please check all that apply at any severity or intensity level; can vary from attack to attack)		<u>Additional information:</u> _____ _____ _____ _____ _____ _____ _____
<input type="radio"/> Swelling- eyes, lips, tongue, face <input type="radio"/> Cold, Clammy and/or sweating skin <input type="radio"/> Flushed face or body <input type="radio"/> Fainting <input type="radio"/> Loss of consciousness <input type="radio"/> Dizziness or confusion <input type="radio"/> Coughing	<input type="radio"/> Choking <input type="radio"/> Wheezing <input type="radio"/> Vomiting <input type="radio"/> Diarrhea <input type="radio"/> Stomach cramps <input type="radio"/> Voice changes <input type="radio"/> Other _____ _____	
Anaphylaxis Prevention Strategies: <u>Parent/Student Responsibilities:</u> ⓘ 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		<u>Emergency Protocol:</u> • Administer single dose of Epinephrine with auto injector • Call 911 requesting advanced life support ambulance • Notify parent/guardian • Administer second single dose of

such as EpiPen
with teacher/principal
• Check expiry date on the single dose Epinephrine auto-injectors

Teacher Responsibilities:

- 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

When student has a food allergy ...

- 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

On field trips/co-curricular/extra-curricular activities ...

- 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)

Epinephrine using auto-injector if no improvement in symptoms after 10 minutes

- Have ambulance transport to hospital

Epinephrine auto-injector location #1:

Epinephrine auto-injector location #2:
