

**INDIVIDUAL ANAPHYLACTIC PLAN  
(with Plan for Emergency Treatment)**

<b>STUDENT INFORMATION:</b> (Please print)				<b>STUDENT PHOTOGRAPH</b>
Name of Student:				
Birth Date: (dd/mm/yy)		Medic Alert I.D.:		
Grade:		Room #:		
Name of Teacher:				

**ALLERGY-DESCRIPTION:** This child has a dangerous, **life-threatening** allergy to the following items and to all foods containing them in any form and in any amount/environmental allergens/conditions:

**AVOIDANCE STRATEGIES:** Food, events, conditions to be avoided, including any eating restrictions:

**POSSIBLE SIGNS AND SYMPTOMS:**

Possibility of face swelling	Pale, cold, and clammy skin
Rapid, thready pulse	Feeling of constriction of the throat and chest with difficulty breathing
Fall in blood pressure	Extreme weakness
Abdominal cramps, vomiting and diarrhea	Cyanosis (turning blue), coma

**EMERGENCY PLAN:** At any sign of difficulty, enact the following procedure.

**DON'T HESITATE. IT CAN BE LIFE-SAVING.**

Take \_\_\_\_\_ to \_\_\_\_\_ and advise another trained person to provide assistance.  
(child's name) (room)

**EMERGENCY PROCEDURE - PERSON ONE**

- PRESCRIBED AUTO-INJECTOR:** \_\_\_\_\_  
(The relevant emergency procedure - either Schedule "K" or Schedule "L" of this procedure **MUST** be attached to this form.)
- Obtain prescribed Auto-Injector from: \_\_\_\_\_  
Envelope must be marked clearly with child's name and picture.
- Administer the prescribed Auto-Injector following the attached emergency injection procedure.**
- An adult **MUST** stay with the child at all times. Do not send the child to the office.
- Place child on side in case of vomiting. The child should rest quietly. Help student to remain calm and to breathe normally.
- Observe and monitor the student until the ambulance arrives.
- Administer a second auto-injector if needed approximately 10 to 15 minutes after the first. **DO NOT ADMINISTER THE SECOND DOSE (NEEDLE) OF THE TWO DOSE TWINJECT® AUTO-INJECTOR.**
- Return auto-injector to container and give to ambulance personnel along with any additional auto-injectors.
- Accompany child to the hospital

**EMERGENCY PROCEDURE - PERSON TWO**

- Call ambulance (dial 911). Tell them a student has had an anaphylactic reaction and that an auto-injector has been administered. Give 911 operator the address and telephone number of the school. Provide the exact location of the emergency.
- Call Dr. \_\_\_\_\_ at \_\_\_\_\_
- Call the parent's/guardian's emergency number:  
Home Phone: \_\_\_\_\_  
Mother's Work: \_\_\_\_\_  
Father's Work: \_\_\_\_\_
- Note and record here:  
Time of Incident: \_\_\_\_\_  
Time of Administration of Auto-Injector: \_\_\_\_\_  
Circumstances: (where) (what allergen was eaten/contacted) \_\_\_\_\_
- Obtain the student's health record. Note below location and colour of the folder/binder: \_\_\_\_\_
- Give student health record and this form to the teacher accompanying the child in the ambulance.

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We, the parents/guardians of: \_\_\_\_\_ give permission for this Individual Anaphylactic Plan to be displayed in the school office, staff room, homeroom, school bus, cafeteria, food service office, and for other parents and concerned individuals to be advised of our child's anaphylactic allergy.

Signature of Principal:

Signature of Parent/Guardian:

Signature of Teacher:

Date:

Date:

***Authorization for the collection of this information is in the Education Act. The purpose is to develop an individualized anaphylactic plan, and, in emergency situations, a plan to administer medication as prescribed and/or obtain medical treatment. Users of this information may be principals, teachers, support staff, volunteers, bus operators and drivers. This form will be kept for a minimum period of one school year and then shredded. Contact person concerning this collection is the school principal.***