



# AP 3205 B Anaphylaxis Student Form (to be kept in the office)

Date developed Y/M/D \_\_\_\_\_

Date to be reviewed Y/M/D \_\_\_\_\_

Student's Picture (Optional)	Student's Name: _____	Date of Birth: _____ (Y/M/D)	Female: Male:
	Parent/Guardians: _____ Daytime Phone #: _____ Emergency Contact: _____ Daytime Phone #: _____ Physician Name: _____	<b>Allergens: Do not include antibiotics or other drugs</b> Peanuts Nuts Dairy Insects Latex other: _____	
		<b>Additional Information</b>	

## Anaphylaxis Prevention Strategies

### Parent/Student Responsibilities

- Inform teacher of allergy, emergency treatment and location of both EpiPens
- Ensure student wears a Medic Alert bracelet or necklet
- Ensure student with food allergies only eats only food/drinks from home
- Discuss appropriate location of both EpiPens with teacher/principal

### Teacher Responsibilities

- In consultation with parent/student/Public Health Nurse, provide "allergy awareness" education for classmates
- Inform teacher on-call of student with anaphylaxis, emergency treatment and location of both EpiPens

### **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
- Request all desks be washed with soapy water after students eat
- Do not use the identified allergen(s) in classroom activities

### **On field trips/co-curricular/extra-curricular activities**

- Take both EpiPens, a copy of this Anaphylaxis Action Form and a cellular phone. Be aware of anaphylaxis exposure risk (food, latex and insect allergies)
- Inform supervising adults of student and emergency treatment
- Request supervising adults sit near student in bus (or vehicle)
- Inform student with food allergies not to eat on bus (or vehicle)

### **Symptoms: ✓ All That Apply**

- |                                     |               |
|-------------------------------------|---------------|
| swelling (eyes, lips, face, tongue) | coughing      |
| difficulty breathing or swallowing  | choking       |
| cold, clammy sweating skin          | wheezing      |
| fl flushed face or body             | voice changes |
| fainting or loss of consciousness   | vomiting      |
| dizziness or confusion              | diarrhea      |
| stomach cramps                      |               |
| other _____                         |               |

\*symptoms may vary depending on the reaction

### **Emergency Protocol:**

- Administer EpiPen
- Call 911 request an Advanced Life Support Ambulance
- Notify Parent/Guardian
- Administer second EpiPen in 10 minutes if no improvement in symptoms
- Have ambulance transport to hospital

Can student self-administer EpiPen? Yes No

EpiPen #1 location: \_\_\_\_\_

EpiPen #2 location: \_\_\_\_\_