Vancouver CoastalHealth
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North Vancouver School District
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Anaphylactic Student Emergency Procedure Plan

School:	Date:	Personal Health Number:

Student Name:	Date of Birth:
Grade:	Classroom Teacher:
Parent/Guardian:	Signature:
Home Telephone:	Business Telephone:
Physician:	Telephone:

Emergency Action Plan -To be Completed in Consultation with Physician

CHILD'S ANAPHYLAXIS TRIGGERS ARE: (do not include antibiotics or other drugs)

☐peanuts ☐ nuts ☐ milk ☐all diary ☐ eggs ☐shellfish ☐ fish
☐ Food allergies (list): _____
☐ Insect stings (list): _____
☐ Latex
☐Other: _____

ANAPHLYAXIS SYMPTOMS:

- Swelling (eyes, lips, face, tongues)
- Hives or itchy skin
- Cold, clammy, sweaty skin
- Fainting or loss of consciousness
- Stomach cramps/diarrhea/vomiting
- Difficulty breathing/swallowing, shortness of breath, wheezing
- Tingling of lips/mouth, trouble swallowing
- Coughing or choking
- Flushed face or body
- Dizziness, confusion, pale/blue color,weak pulse,shock
- Change of voice
- Heart rate changes (fast/slow)
- Anxiety, feeling of 'impending doom', headache
- Other (list) _____

EMERGENCY TREATMENT:

- Administer single dose, singe use auto-injector
- Call 911
- Administer 2nd single dose, singe use auto-injector in 10-15 minutes, or sooner, if symptoms do not improve
- Transport student to hospital by ambulance

To be completed by prescribing Physician if emergency medication required at school

Emergency Medication must be a single dose, single use auto-injector for school setting. Oral antihistamines will not be administered by school personnel.

Medication	Dose	Route	Frequency	Directions

Physician's Name:	Signature:

Parent/Guardian Please Complete

Discussed and reviewed Anaphylaxis Procedure Plan?	☐ Yes	☐ No
Discussed and reviewed Anaphylaxis Action Plan with principal?	☐ Yes	☐ No
Two single dose, singe 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 (YY/MM/DD)