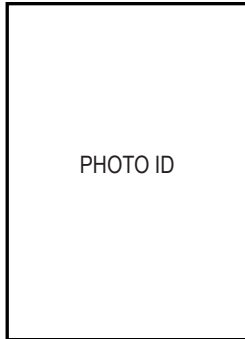


School District No. 73 (Kamloops/Thompson)  
**ANAPHYLACTIC STUDENT EMERGENCY PROCEDURE PLAN**



MSP#: \_\_\_\_\_

**Anaphylactic Student Emergency Procedure Plan**

**Parent/Guardian please complete**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Y/M/D)

Sex:  Male  Female

Parent/Guardian: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

**Physician please complete**

Physician's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Allergen: (Do not include antibiotics or other drugs)

Peanuts  Nuts  Dairy  Other food \_\_\_\_\_

Insects  Latex  Other \_\_\_\_\_

Symptoms:

- Skin - hives, swelling, itching, warmth, redness, rash
- Respiratory (breathing) - wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea, dizzy/light headed, shock
- Other: anxiety, feeling of "impending doom", headache, uterine cramps in females

Additional symptoms: \_\_\_\_\_

**Emergency Protocol**

- Administer single dose, single-use auto-injector
- Call 911
- Notify Parent-Guardian
- Administer second single-dose single-use auto-injector in 10 to 15 minutes, or sooner, if symptoms do not improve or if symptoms recur
- Have ambulance transport student to hospital

**Emergency Medication**

**NOTE: Emergency medication must be a single-dose single-use auto-injector for school setting. Oral antihistamines will not be administered by school personnel.**

Name of emergency medication: Epipen

Dosage: 0.3 mg

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date (Y/M/D)

**Anaphylactic Student Emergency Procedure Plan**

**Parent/Guardian please complete**

Discussed and reviewed Anaphylaxis Responsibility Checklist with principal?.....  Yes  No

Two single-dose single-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 (Y/M/D)