

J. Clarke Richardson Collegiate

Individual Student Allergy Management Plan

Student Name: _____

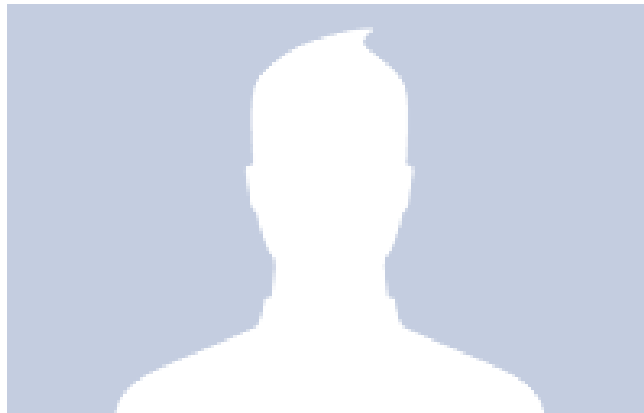
Date of Birth: _____

School: _____

Teachers: _____

Classrooms: _____

Grade: _____



Anaphylaxis Emergency Plan

Student Name: _____ Grade: _____

This student has a life-threatening allergy to the following:



Strict avoidance of the allergen(s) by the student is critical to their well-being. An anaphylactic reaction can proceed quickly and prove fatal within minutes.

Epinephrine Auto-injector(s):

MedicAlert® Identification:

<input type="checkbox"/> EpiPen Jr® 0.15mg	<input type="checkbox"/> EpiPen® 0.30mg	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Twinject™ 0.15mg	<input type="checkbox"/> Twinject™ 0.30mg		

Location(s) of Auto-injector(s): _____

Asthmatic: Student is at greater risk. If student is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication,

Early recognition of symptoms and immediate treatment could save a person's life

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

Think **F.A.S.T.**

Face: itchiness, redness, rash, swelling of face and tongue

Airway: trouble breathing, swallowing or speaking

Stomach: stomach pain, vomiting, diarrhea

Total Body: rash, itchiness, swelling, weakness, paleness, sense of doom, loss of consciousness

A.C.T. quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Administer epinephrine** auto-injector at the first sign of a reaction occurring in conjunction with a known or suspected contact with an allergen. Give second dose in 10-15 minutes or sooner if the reaction continues or worsens.

2. **Call 911.** Tell them someone is having a serious allergic reaction/anaphylactic.

3. **Transport to hospital** by ambulance even if symptoms are mild or have stopped.

4. Call the parent(s)/guardian(s)/emergency contact.

PHYSICIAN INSTRUCTIONS

Student Name: _____

Parent(s)/Guardian(s) Name: _____

Address: _____
Street City Postal Code

1) Does this patient have a known predisposition to anaphylaxis? Yes No

2) What medication is to be administered in the event of an anaphylactic reaction?

Name of Medication: _____

Dose or amount to be given: _____

Total doses or times per event: _____

Additional Instructions:

Physician's Name Signature Date

Address: _____
Street City Postal Code

PRE-AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION	
I hereby pre-authorize and give permission for J Clarke Richardson Collegiate Institute to administer medication to my child in the event of an anaphylactic reaction, according to the Board's policies and procedures and the physician's prescription and instructions as described within this individual student plan.	
_____ Parent(s)/Guardian(s) Signature	_____ Date
_____ Student's Signature	_____ Date

Student Name: _____

Type of Allergy and Details for Informing Employees	
Monitoring Strategies	
Avoidance Strategies	
Appropriate Treatment	
Emergency Procedure	

Location of student's additional epinephrine auto-injector(s):

Expiry Date(s) for epinephrine auto-injectors:

Monitoring Schedule (Checking auto-injector in student's possession):

Once per term Once per semester

Dates of Monitoring Check: _____

Person Monitoring: _____

Student Name: _____

Contingencies for Excursions:

(Including but not limited to: field trips, off-site sporting events, etc.)

- Establishing parent/designate who may stay with student
- Ensuring at least two (2) epinephrine auto-injectors are available
- Ensuring that staff has immediate access to a telephone/cell phone
- Other:

Emergency Contact Information:

Name	Relationship	Home Phone	Work Phone	Cell Phone

Parent(s)/Guardian(s) Signature

Date

Student's Signature

Date

Principal/Designate Signature

Date

NOTE: THIS PLAN WILL EXPIRE JUNE 30TH OF EACH YEAR