

Elementary Anaphylaxis Action Plan

Anaphylaxis Action Plan for _____

(Student's name)

Principal: Use this checklist and the Anaphylaxis Action Form to develop an Anaphylaxis Action Plan for the above-named student. Check the boxes when items are completed. This process needs to be completed annually. Indicate on the Anaphylaxis Action Form the date for the next review.

Principal's Responsibilities

- Be aware of School District 61 Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment as well as your responsibilities for keeping students at risk of anaphylaxis safe while at school and participating in school-related activities.
- Inform school staff of their responsibilities regarding school district Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment
- Endeavour to contact parents prior to school starting in September when possible.
- Inform the parents of SD 61 Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment as well as the intent to provide an "allergy aware" environment for students with life threatening allergies.
- Provide parents with an Anaphylaxis Action Form and Medication Administration Form. Request that parent(s) and their physician complete the Medication Administration Form .
- Inform parent(s) that only an epinephrine auto-injector will be administered by school staff in the event of an anaphylactic reaction (no oral antihistamines).
- Request parent(s) to provide two epinephrine auto-injectors.
- Meet with the parent(s) and teacher(s) to review the Anaphylaxis Action Form and complete an Anaphylaxis Action Plan.

Develop the Anaphylaxis Action Plan (AAP):

- Review responsibilities of the parent(s), student, teacher(s) and principal in developing and implementing the plan.
- Recommend to parent(s) that their child wear a MedicAlert bracelet or necklet. Provide parent(s) with a MedicAlert brochure and inform parent(s) of MedicAlert's free "No Child Without" program.
- Check to see parent(s) have completed the Anaphylaxis Action Form and that they have provided two epinephrine auto-injectors.
- Check to see the physician has signed the Medication Administration Form and has indicated the use of an epinephrine auto-injector to treat anaphylaxis.
- Request the teacher send a letter home to other classroom parents informing them of a student in the class at risk of anaphylaxis. Use the "Child in the Classroom with Life-Threatening Allergy to Nuts" letter.
- Request parents' permission to use student's picture on the Anaphylaxis Action Form.
- Provide a copy of the Anaphylaxis Action Plan to parent(s).
- Keep a copy of the Anaphylaxis Action Form with the student's Permanent Student Record.

Inform involved school staff:

- ❑ Activate the student's computer record to indicate the student has a life-threatening allergy.
- ❑ Provide a safe, unlocked, centrally located storage area for one of the student's epinephrine auto-injector and the school's additional one.
- ❑ Ensure staff are aware of the location of the epinephrine auto-injector, Medication Administration Form, Medical Alert List and Anaphylaxis Action Form.
- ❑ All school staff are to be responsible for administering an epinephrine auto-injector in an emergency.
- ❑ Post the Anaphylaxis Action Form in appropriate, confidential, staff locations.
- ❑ Provide a copy of the Anaphylaxis Action Form to the teacher and involved school staff.
- ❑ Inform involved staff of their responsibilities for student safety in the classroom, on school grounds and during field trips, co-curricular, or extra-curricular activities.
- ❑ Post signs and symptoms of anaphylaxis and how to administer the epinephrine auto-injector in relevant areas in the school. This may include classrooms, office, staff room, lunch room, cafeteria, multipurpose and any common room areas.
- ❑ Public Health Nurse is available to consult regarding any concerns with the Anaphylaxis Action Plan, Anaphylaxis Action Form or Medication Administration Form.

Teacher and Staff Responsibilities

- ❑ Be aware of school district Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment and your responsibilities for keeping students at risk of anaphylaxis safe while at school and while participating in school-related activities.
- ❑ Be familiar with students in your class at risk of anaphylaxis. Be familiar with student's Anaphylaxis Action Form, emergency treatment and location of the epinephrine auto-injector.
- ❑ Inform teacher-on-call of student at risk of anaphylaxis, location of Anaphylaxis Action Form, emergency treatment and location of the epinephrine auto-injector.
- ❑ Create a positive and helpful attitude toward student at risk of anaphylaxis.
- ❑ In consultation with parent(s)/student provide students with age-appropriate "allergy awareness" education.

For student with food allergies:

- In consultation with school staff develop an "allergy aware" classroom.
- Request parent(s) to consult with the teacher before bringing food into the classroom.
- Encourage students NOT to share food, drinks or utensils.
- Encourage a non-isolating eating environment for the student with a food allergy (the student should eat in the classroom with classmates when possible).
- Encourage all students to eat with their food on a napkin rather than directly on the desk or table.
- Encourage all students to wash their hands with soapy water before and after eating.
- Wash desks with hot water and district provided cleaner after students eat.
- Do not use identified allergen(s) in classroom activities.

On field trips/co-curricular/extra-curricular activities:

- Take a copy of the Anaphylaxis Action Form.
- Take an epinephrine auto-injector and ensure the student has his/her epinephrine auto-injector with them.
- Take a cellular phone and relevant phone numbers.
- Be aware of the life threatening allergen exposure risk (food and insect allergies).
- Inform supervising adults of student at risk of anaphylaxis and indicated emergency treatment.
- Request supervising adults to sit near student in vehicle (or bus)

STUDENT RESPONSIBILITIES

- Be aware of risks for allergic reactions and always take steps to reduce the risk of exposure.
- Know the signs and symptoms of anaphylaxis.
- Notify an adult if you are feeling unwell or if you think you are having a reaction.
- Carry an epinephrine auto-injector at all times.
- Wear a MedicAlert bracelet or necklet at all times.

If you have food allergies:

- Eat only food and drinks approved by your parent or guardian.
- Do not share cutlery and dishes.
- Do not eat food that has had direct contact with a desk or table.

PARENT RESPONSIBILITIES

- Inform school staff and classroom teacher of your child’s life threatening allergy.
- Ensure your child is aware of his/her allergy and the signs and symptoms of an allergic reaction.
- Inform your child of ways to avoid allergic reactions.
- Inform your child to notify an adult if he/she is having an allergic reaction.
- Complete the Anaphylaxis Action Form and return it to the principal. Set up a time to meet with designated school staff to develop the Anaphylaxis Action Plan.
- In conjunction with your physician, complete the Medication Administration Form.
- Provide two “in date” epinephrine auto-injectors for school use: one to be kept with your child; the other to be kept in a central unlocked location at school.
- *Ensure your child has his/her epinephrine auto-injector with them at all times
- Teach your child to administer his/her own epinephrine auto-injector when age appropriate.
- Ensure your child wears a MedicAlert bracelet or necklet.
- In consultation with the classroom teacher determine your role in providing “allergy awareness” education for classmates
- Notify school staff if there is a change in your child’s allergy condition.
- Check expiry date of epinephrine auto-injectors.

If your child has a food allergy:

- Ensure your child knows only to eat food and drinks approved by parents or guardian.
- Remind your child to check that his/her epinephrine auto-injector is available before he/she eats.

I give permission for my child’s photo to be placed on the Anaphylaxis Action Form.

Parent/Guardian Name

Parent /Guardian Signature

Date

I have read the Anaphylaxis Action Plan.

Parent/Guardian: _____

Date: _____

Student (Optional): _____

Date: _____

Principal: _____

Date: _____

Student's Picture (Recommended)	Student's Name: _____ Parent/Guardians: _____ Daytime Phone #: _____ Emergency Contact: _____ Daytime Phone #: _____ Physician Name: _____
	Date of Birth: _____ (Y/M/D) Female: <input type="checkbox"/> Male: <input type="checkbox"/>
	Allergen: Do not include antibiotics or other drugs <input type="checkbox"/> Peanuts <input type="checkbox"/> Nuts <input type="checkbox"/> Dairy <input type="checkbox"/> Insects <input type="checkbox"/> Latex other: _____ This student also has asthma yes <input type="checkbox"/> no <input type="checkbox"/>
	Additional Information: _____ _____ _____

Anaphylaxis Prevention Strategies

Parent/Student Responsibilities:

- Inform teacher of allergy, emergency treatment and location of both Epinephrine auto-injectors.
- Ensure student wears a MedicAlert bracelet or necklet
- Ensure student with food allergies eats only food/drinks approved by parents/guardians
- Discuss appropriate location of both Epinephrine auto-injectors with teacher/principal
- Ensure student keeps a Epinephrine auto-injector in a close location at all times
- Check expiry date on the Epinephrine auto-injectors

Teacher Responsibilities:

- In consultation with parent/student/provide "allergy awareness" education for classmates
- Inform teacher on-call of student at risk of anaphylaxis, emergency treatment and location of both Epinephrine auto-injectors

When student has a food allergy:

- In consultation with teacher 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 hot water and district provided cleaner after students eat

Do not use the identified allergen(s) in classroom activities

- **On field trips/co-curricular/extra-curricular activities:**
- Take both Epinephrine auto-injectors a copy of the Anaphylaxis Form and a cell phone
- Be aware of allergen 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)

Parents/Guardians observations of symptoms include:

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

Due to the unpredictability of reactions early symptoms should never be ignored.

Emergency Protocol:

- Administer an epinephrine auto-injector.
 - Call 911 request an Advanced Life Support Ambulance
 - Notify Parent/Guardian
 - Administer second an epinephrine auto-injector within 5 minutes if no improvement in symptoms or symptoms reoccur
 - Lay student on back, legs elevated. If vomiting, lay on side making sure airway is clear so that they do not choke on vomit. Do NOT sit or stand student up as this can cause a dangerous reaction.
 - Have ambulance transport to hospital Epinephrine auto-injector
- #1 location: _____
 #2 location: _____

Middle School Anaphylaxis Action Plan

Anaphylaxis Action Plan for _____

(Student's name)

Principal: Use this checklist and the Anaphylaxis Action Form to develop an Anaphylaxis Action Plan for the above-named student. Check the boxes when items are completed. This process needs to be completed annually. Indicate on the Anaphylaxis Action Form the date for the next review.

Principal's Responsibilities

- Be aware of School District 61 Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment as well as your responsibilities for keeping students at risk of anaphylaxis safe while at school and participating in school-related activities.
- Inform school staff of their responsibilities regarding school district Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment
- Endeavour to contact parents prior to school starting in September when possible.
- Inform the parent of SD 61 Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment as well as the intent to provide an "allergy aware" environment for students with life threatening allergies.
- Provide parents with an Anaphylaxis Action Form and Medication Administration Form. Request that parent(s) and their physician complete the Medication Administration Form.
- Inform parent(s) that only an epinephrine auto-injector will be administered by school staff in the event of an anaphylactic reaction (no oral antihistamines).
- Request parent(s) to provide two epinephrine auto-injectors.
- Meet with the parent(s), teacher(s) and to review the Anaphylaxis Action Form and complete an Anaphylaxis Action Plan.

Develop the Anaphylaxis Action Plan (AAP):

- Review responsibilities of the parent(s), student, teacher(s) and principal in developing and implementing the plan.
- Recommend to parent(s) that their child wear a MedicAlert bracelet or necklet. Provide parent(s) with a MedicAlert brochure and inform parent(s) of MedicAlert's free "No Child Without" program.
- Check to see parent(s) have completed the Anaphylaxis Action Form and that they have provided two epinephrine auto-injectors.
- Check to see the physician has signed the Medication Administration Form and has indicated the use of an epinephrine auto-injector to treat anaphylaxis.
- Request the teacher send a letter home to other classroom parents informing them of a student in the class at risk of anaphylaxis. Use the "Child in the Classroom with Life-Threatening Allergy to Nuts" letter.
- Request parents' permission to use student's picture on the Anaphylaxis Action Form.
- Provide a copy of the Anaphylaxis Action Plan to parent(s).
- Keep a copy of the Anaphylaxis Action Form with the student's Permanent Student Record.

Inform involved school staff:

- Activate the student's computer record to indicate the student has a life-threatening allergy.
- Provide a safe, unlocked, centrally located storage area for one of the student's epinephrine auto-injector and the school's additional one.
- Ensure staff are aware of the location of the epinephrine auto-injector, Medication Administration Form, Medical Alert List and Anaphylaxis Action Form.
- All school staff are to be responsible for administering an epinephrine auto-injector in an emergency.
- Post the Anaphylaxis Action Form in appropriate, confidential, staff locations.
- Provide a copy of the Anaphylaxis Action Form to the teacher and involved school staff.
- Inform involved staff of their responsibilities for student safety in the classroom, on school grounds and during field trips, co-curricular, or extra-curricular activities.
- Post signs and symptoms of anaphylaxis and how to administer the epinephrine auto-injector in relevant areas in the school. This may include classrooms, office, staff room, lunch room, cafeteria, multipurpose and any common room areas.
- Public Health Nurse is available to consult regarding any concerns with the Anaphylaxis Action Plan, Anaphylaxis Action Form or Medication Administration Form.

Teacher and Staff Responsibilities

- Be aware of school district Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment and your responsibilities for keeping students with at risk of anaphylaxis safe while at school and while participating in school-related activities.
- Be familiar with students in your class at risk of anaphylaxis. Be familiar with student's Anaphylaxis Action Form, emergency treatment and location of the epinephrine auto-injector.
- Inform teacher-on-call of student at risk of anaphylaxis, location of Anaphylaxis Action Form, emergency treatment and location of the epinephrine auto-injector.
- Create a positive and helpful attitude toward student at risk of anaphylaxis.
- In consultation with parent(s)/student provide students with age-appropriate "allergy awareness" education.

For student with food allergies:

- In consultation with-school staff develop an "allergy aware" classroom.
- Request parent(s) to consult with the teacher before bringing food into the classroom.
- Encourage students NOT to share food, drinks or utensils.
- Encourage a non-isolating eating environment for the student with a food allergy (the student should eat in the classroom with classmates when possible).
- Encourage all students to eat with their food on a napkin rather than directly on the desk or table.
- Encourage all students to wash their hands with soapy water before and after eating.
- Wash desks with hot water and district provided cleaner after students eat.
- Do not use identified allergen(s) in classroom activities.

On field trips/co-curricular/extra-curricular activities:

- Take a copy of the Anaphylaxis Action Form.
- Take an epinephrine auto-injector and ensure the student has his/her epinephrine auto-injector with them.
- Take a cellular phone and relevant phone numbers.
- Be aware of the life threatening allergen exposure risk (food and insect allergies).

STUDENT RESPONSIBILITIES

- Work with the school staff to develop and provide "allergy awareness" education to your classmates.
- Be aware of risks for allergic reactions and always take steps to reduce the risk of exposure.
- Know the signs and symptoms of anaphylaxis.
- Notify an adult if you are feeling unwell or if you think you are having a reaction.
- Carry an epinephrine auto-injector at all times.
- Wear a MedicAlert bracelet or necklet at all times.

If you have food allergies:

- Eat only food and drinks approved by your parent or guardian.
- Do not share cutlery and dishes.
- Do not eat food that has had direct contact with a desk or table.

PARENT RESPONSIBILITIES

- Inform school staff and classroom teacher of your child’s life threatening allergy.
- Ensure your child is aware of his/her allergy and the signs and symptoms of an allergic reaction.
- Inform your child of ways to avoid allergic reactions.
- Inform your child to notify an adult if he/she is having an allergic reaction.
- Complete the Anaphylaxis Action Form and return it to the principal. Set up a time to meet with designated school staff to develop the Anaphylaxis Action Plan.
- In conjunction with your physician, complete the Medication Administration Form.
- Provide two “in date” epinephrine auto-injectors for school use: one to be kept with your child; the other to be kept in a central unlocked location at school.
- *Ensure your child has his/her epinephrine auto-injector with them at all times
- Teach your child to administer his/her own epinephrine auto-injector.
- Ensure your child wears a MedicAlert bracelet or necklet.
- In consultation with the classroom teacher determine your role in providing “allergy awareness” education for classmates
- Notify school staff if there is a change in your child’s allergy condition.
- Check expiry date of epinephrine auto-injectors.

If your child has a food allergy:

- Ensure your child knows only to eat food and drinks approved by parents or guardian.
- Remind your child to check that his/her epinephrine auto-injector is available before he/she eats.

I give permission for my child’s photo to be placed on the Anaphylaxis Action Form.

Parent/Guardian Name

Parent /Guardian Signature

Date

I have read the Anaphylaxis Action Plan.

Parent/Guardian: _____

Date: _____

Student (Optional): _____

Date: _____

Principal: _____

Date: _____

Date developed: _____
 Date to be reviewed: _____

Student's Picture (Recommended)	Student's Name: _____ Parent/Guardians: _____ Daytime Phone #: _____ Emergency Contact: _____ Daytime Phone #: _____ Physician Name: _____	Date of Birth: _____ (Y/M/D) Female: <input type="checkbox"/> Male: <input type="checkbox"/>
Allergen: Do not include antibiotics or other drugs <input type="checkbox"/> Peanuts <input type="checkbox"/> Nuts <input type="checkbox"/> Dairy <input type="checkbox"/> Insects <input type="checkbox"/> Latex other: _____ This student also has asthma yes <input type="checkbox"/> no <input type="checkbox"/>		
Additional Information		
Anaphylaxis Prevention Strategies Parent/Student Responsibilities <ul style="list-style-type: none"> • Inform teacher of allergy, emergency treatment and location of both Epinephrine auto-injectors • Know anaphylaxis risks and take measures to prevent anaphylaxis reaction • Discuss appropriate location of both Epinephrine auto-injectors with teacher/principal • Ensure student keeps a Epinephrine auto-injector in a close location at all times, NOT in locker • Ensure two Epinephrine auto-injectors are taken on field trips • Ensure student wears MedicAlert bracelet or necklet • Check expiry date on the Epinephrine auto-injectors For students with food allergies: <ul style="list-style-type: none"> • Ensure student knows to eat only food and drinks approved by parents/guardians • Encourage washing of the student's desk and/or writing surface with hot water with district provided cleaner prior to the student using the desk Teacher/Coach/Supervising Adult Responsibilities <ul style="list-style-type: none"> • In consultation with parent/student provide "allergy awareness" education for classmates • Inform teacher-on-call of student at risk of anaphylaxis, emergency treatment and location of both Epinephrine auto-injectors • Take an Epinephrine auto-injector, a copy of the Anaphylaxis Actions Plan and a cell phone (or appropriate portable phone) • Be aware of allergen exposure risk (food, latex and insect allergies) • Inform supervising adults of student at risk of anaphylaxis and emergency treatment 		
Parents/Guardians observations of symptoms include: <ul style="list-style-type: none"> <input type="checkbox"/> swelling (eyes, lips, face, tongue) <input type="checkbox"/> choking <input type="checkbox"/> difficulty breathing or swallowing <input type="checkbox"/> wheezing <input type="checkbox"/> cold, clammy sweating skin <input type="checkbox"/> voice changes <input type="checkbox"/> flushed face or body <input type="checkbox"/> voice changes <input type="checkbox"/> fainting or loss of consciousness <input type="checkbox"/> vomiting <input type="checkbox"/> dizziness or confusion <input type="checkbox"/> diarrhea <input type="checkbox"/> stomach cramps <input type="checkbox"/> other _____ <input type="checkbox"/> coughing Due to the unpredictability of reactions early symptoms should never be ignored.		
Emergency Protocol: <ul style="list-style-type: none"> • Administer an epinephrine auto-injector. • Call 911 request an Advanced Life Support Ambulance • Notify Parent/Guardian • Administer second an epinephrine auto-injector within 5 minutes if no improvement in symptoms or symptoms reoccur • Lay student on back, legs elevated. If vomiting, lay on side making sure airway is clear so that they do not choke on vomit. Do NOT sit or stand student up as this can cause a dangerous reaction. • Have ambulance transport to hospital Epinephrine auto-injector #1 location: _____ #2 location: _____		

Anaphylaxis Action Plan for _____

(Student's name)

Principal: Use this checklist and the Anaphylaxis Action Form to develop an Anaphylaxis Action Plan for the above-named student. Check the boxes when items are completed. This process needs to be completed annually. Indicate on the Anaphylaxis Action Form the date for the next review.

Principal's Responsibilities

- Be aware of School District 61 Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment as well as your responsibilities for keeping students at risk of anaphylaxis safe while at school and participating in school-related activities.
- Inform school staff of their responsibilities regarding school district Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment
- Endeavour to contact parents prior to school starting in September when possible.
- Inform the parent of SD 61 Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment as well as the intent to provide an "allergy aware" environment for students with life threatening allergies.
- Provide parents with an Anaphylaxis Action Form and Medication Administration Form. Request that parent(s) and their physician complete the Medication Administration Form.
- Inform parent(s) that only an epinephrine auto-injector will be administered by school staff in the event of an anaphylactic reaction (no oral antihistamines).
- Request parent(s) to provide two epinephrine auto-injectors.
- Meet with the parent(s) and teacher(s) to review the Anaphylaxis Action Form and complete an Anaphylaxis Action Plan.

Develop the Anaphylaxis Action Plan (AAP):

- Review responsibilities of the parent(s), student, teacher(s) and principal in developing and implementing the plan.
- Recommend to parent(s) that their child wear a MedicAlert bracelet or necklet. Provide parent(s) with a MedicAlert brochure and inform parent(s) of MedicAlert's free "No Child Without" program.
- Check to see parent(s) have completed the Anaphylaxis Action Form and that they have provided two epinephrine auto-injectors.
- Check to see the physician has signed the Medication Administration Form and has indicated the use of an epinephrine auto-injector to treat anaphylaxis.
- Request the teacher send a letter home to other classroom parents informing them of a student in the class at risk of anaphylaxis. Use the "Child in the Classroom with Life-Threatening Allergy to Nuts" letter.
- Request parents' permission to use student's picture on the Anaphylaxis Action Form.
- Provide a copy of the Anaphylaxis Action Plan to parent(s).
- Keep a copy of the Anaphylaxis Action Form with the student's Permanent Student Record.

Inform involved school staff:

- Activate the student's computer record to indicate the student has a life-threatening allergy.
- Provide a safe, unlocked, centrally located storage area for one of the student's epinephrine auto-injector and the school's additional one.
- Ensure staff are aware of the location of the epinephrine auto-injector, Medication Administration Form, Medical Alert List and Anaphylaxis Action Form.
- All school staff are to be responsible for administering an epinephrine auto-injector in an emergency.
- Post the Anaphylaxis Action Form in appropriate, confidential, staff locations.
- Provide a copy of the Anaphylaxis Action Form to the teacher and involved school staff.
- Inform involved staff of their responsibilities for student safety in the classroom, on school grounds and during field trips, co-curricular, or extra-curricular activities.
- Post signs and symptoms of anaphylaxis and how to administer the epinephrine auto-injector in relevant areas in the school. This may include classrooms, office, staff room, lunch room, cafeteria, multipurpose and any common room areas.
- Public Health Nurse is available to consult regarding any concerns with the Anaphylaxis Action Plan, Anaphylaxis Action Form or Medication Administration Form.

Teacher and Staff Responsibilities

- Be aware of school district Anaphylaxis Policy and Regulation 5141.21 and Regulation 5141.21 (a) attachment and your responsibilities for keeping students at risk of anaphylaxis safe while at school and while participating in school-related activities.
- Be familiar with students in your class at risk of anaphylaxis. Be familiar with student's Anaphylaxis Action Form, emergency treatment and location of the epinephrine auto-injector.
- Inform teacher-on-call of student at risk of anaphylaxis, location of Anaphylaxis Action Form, emergency treatment and location of the epinephrine auto-injectors.
- Create a positive and helpful attitude toward students at risk of anaphylaxis.
- In consultation with parent(s)/student, provide students with age-appropriate "allergy awareness" education.

For student with food allergies:

- In consultation with school staff develop an "allergy aware" classroom.
- Request parent(s) to consult with the teacher before bringing food into the classroom.
- Encourage students NOT to share food, drinks or utensils.
- Encourage a non-isolating eating environment for the student with a food allergy (the student should eat in the classroom with classmates when possible).
- Encourage all students to eat with their food on a napkin rather than directly on the desk or table.
- Encourage all students to wash their hands with soapy water before and after eating.
- Wash desks with hot water and district provided cleaner after students eat.
- Do not use identified allergen(s) in classroom activities.

On field trips/co-curricular/extra-curricular activities:

- Take a copy of the Anaphylaxis Action Form.
- Take an epinephrine auto-injector and ensure the student has his/her Epinephrine auto-injector with them.
- Take a cellular phone and relevant phone numbers.
- Be aware of the life threatening allergen exposure risk (food and insect allergies).

STUDENT RESPONSIBILITIES

- Work with the school staff to develop and provide "allergy awareness" education to your classmates.
- Be aware of risks for allergic reactions and always take steps to reduce the risk of exposure.
- Know the signs and symptoms of anaphylaxis.
- Notify an adult if you are feeling unwell or if you think you are having a reaction.
- Carry an epinephrine auto-injector at all times.
- Wear a MedicAlert bracelet or necklet at all times.

If you have food allergies:

- Eat only food and drinks approved by your parent or guardian.
- Do not share cutlery and dishes.
- Do not eat food that has had direct contact with a desk or table.

PARENT RESPONSIBILITIES

- Inform school staff and classroom teacher of your child’s allergy.
- Ensure your child is aware of his/her allergy and the signs and symptoms of an allergic reaction.
- Inform your child of ways to avoid allergic reactions.
- Inform your child to notify an adult if he/she is having an allergic reaction.
- Complete the Anaphylaxis Action Form and return it to the principal. Set up a time to meet with designated school staff to develop the Anaphylaxis Action Plan.
- In conjunction with your physician, complete the Medication Administration Form.
- Provide two “in date” epinephrine auto-injectors for school use: one to be kept with your child; the other to be kept in a central unlocked location at school.
- *Ensure your child has his/her epinephrine auto-injectors with them at all times.
- Teach your child to administer his/her own epinephrine auto-injector.
- Ensure your child wears a MedicAlert bracelet or necklet.
- In consultation with the classroom teacher determine your role in providing “allergy awareness” education for classmates
- Notify school staff if there is a change in your child’s allergy condition.
- Check expiry date of epinephrine auto-injectors.

If your child has a food allergy:

- Ensure your child knows only to eat food and drinks approved by parents or guardian.
- Remind your child to check that his/her epinephrine auto-injector is available before he/she eats.

I give permission for my child’s photo to be placed on the Anaphylaxis Action Form.

Parent/Guardian Name

Parent /Guardian Signature

Date

I have read the Anaphylaxis Action Plan.

Parent/Guardian: _____

Date: _____

Student (Optional): _____

Date: _____

Principal: _____

Date: _____

Secondary School Student – Anaphylaxis Action Form

Date developed: _____
 Date to be reviewed: _____

Student's Picture (Recommended)	Student's Name: _____ Date of Birth: _____ (Y/M/D) Female: <input type="checkbox"/> Male: <input type="checkbox"/>
Parent/Guardians: _____ Daytime Phone #: _____ Emergency Contact: _____ Daytime Phone #: _____ Physician Name: _____	Allergen: Do not include antibiotics or other drugs <input type="checkbox"/> Peanuts <input type="checkbox"/> Nuts <input type="checkbox"/> Dairy <input type="checkbox"/> Insects <input type="checkbox"/> Latex other: _____ This student also has asthma yes <input type="checkbox"/> no <input type="checkbox"/>
Additional Information	

<p><u>Anaphylaxis Prevention Strategies</u></p> <p><u>Parent/Student Responsibilities</u></p> <ul style="list-style-type: none"> • Inform teacher of allergy, emergency treatment and location of both epinephrine auto-injectors • Know anaphylaxis risks and take measures to prevent anaphylaxis reaction • Discuss appropriate location of both epinephrine auto-injectors with teacher/principal • Ensure student keeps a epinephrine auto-injector in a close location at all times, NOT in locker • Ensure two epinephrine auto-injector are taken on field trips • Ensure student wears MedicAlert bracelet or necklet • Check expiry date on the epinephrine auto-injectors <p><u>For students with food allergies:</u></p> <ul style="list-style-type: none"> • Ensure student knows to eat only food and drinks brought from home-approved by parents/guardian • Encourage washing of the student's desk and/or writing surface with soapy hot water with district provided cleaner prior to the student using the desk <p><u>Teacher/Coach/Supervising Adult Responsibilities</u></p> <ul style="list-style-type: none"> • In consultation with parent/student provide "allergy awareness" education for classmates • Inform teacher-on-call of student at risk of anaphylaxis, emergency treatment and location of both epinephrine auto-injectors • Take an epinephrine auto-injector, a copy of the Anaphylaxis Actions Plan and a cell phone (or appropriate portable phone) • Be aware of allergen exposure risk (food, latex and insect)allergies) • Inform supervising adults of student at risk of anaphylaxis and emergency treatment 	<p><u>Parents/Guardians observations of symptoms include:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> swelling (eyes, lips, face, tongue) <input type="checkbox"/> choking <input type="checkbox"/> difficulty breathing or swallowing <input type="checkbox"/> wheezing <input type="checkbox"/> cold, clammy sweating skin <input type="checkbox"/> voice changes <input type="checkbox"/> flushed face or body <input type="checkbox"/> voice changes <input type="checkbox"/> fainting or loss of consciousness <input type="checkbox"/> vomiting <input type="checkbox"/> dizziness or confusion <input type="checkbox"/> diarrhea <input type="checkbox"/> stomach cramps <input type="checkbox"/> other _____ <input type="checkbox"/> coughing <p>Due to the unpredictability of reactions early symptoms should never be ignored.</p> <p><u>Emergency Protocol:</u></p> <ul style="list-style-type: none"> • Administer an epinephrine auto-injector. • Call 911 request an Advanced Life Support Ambulance • Notify Parent/Guardian • Administer second an epinephrine auto-injector within 5 minutes if no improvement in symptoms or symptoms reoccur • Lay student on back, legs elevated. If vomiting, lay on side making sure airway is clear so that they do not choke on vomit. Do NOT sit or stand student up as this can cause a dangerous reaction. • Have ambulance transport to hospital <p>Epinephrine auto-injector #1 location: _____ #2 location: _____</p>
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