DURHAM DISTRICT SCHOOL BOARD

INDIVIDUAL STUDENT ALLERGY MANAGEMENT PLAN

Place student's picture here

Student Name: _____

Date of Birth: _____

School: CHRIS HADFIELD PUBLIC SCHOOL _____

Teacher: _____

Classroom(s): _____

Grade: _____

ANAPHYLAXIS EMERGENCY PLAN

Place student's picture here

Student Name: _____

Teacher(s) Classroom (s): _____

This student has a <u>life-threatening allergy</u> 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.

_____

<u>Epinephrine Auto-injector(s) MedicAlert® Identification</u>

☐ **EpiPen Jr® 0.15mg**	☐ **EpiPen® 0.30mg**	☐**Yes** ☐ **No**
☐ **Allerject ™ 0.15mg**	☐ **Allerject ™ 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 <u>before</u> asthma medication

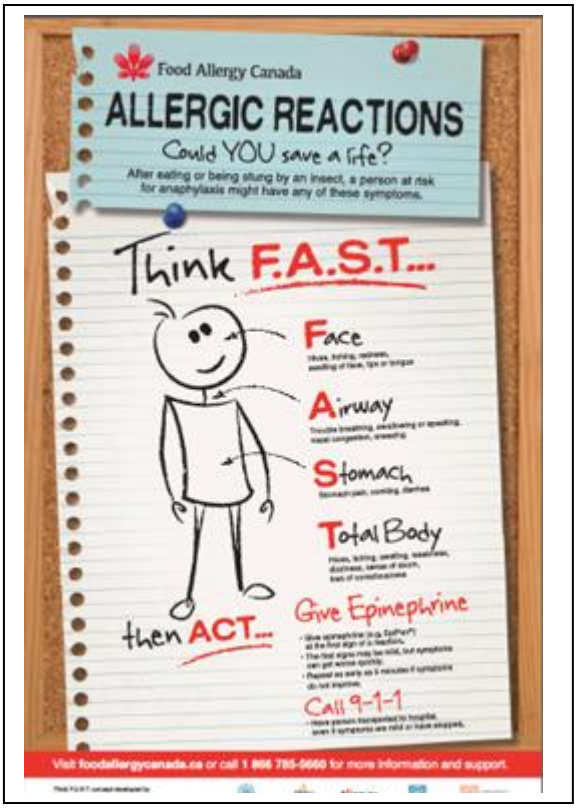
EARLY RECOGNITION OF SYMPTOMS AND TREATMENT COULD SAVE A PERSON'S LIFE!

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 Name**

Address

1) Does this patient have a known predisposition to anaphylaxis? _____

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

Name of Medication Dose or amount to Total doses or times

_____ be given: _____ per event: _____

Additional Instructions:

Prescribing Physician Name **Signature**

Date

Address: Street City Postal Code Phone Number

PRE-AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

I hereby pre-authorize and give permission for Chris Hadfield Public School 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: _____

DDSB Ignite Learning

CHRIS HADFIELD P.S.

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 MUST BE REVIEWED BY THE PARENT AND PRINCIPAL BY JUNE 30TH OF EACH YEAR. UPDATED PHYSICIAN NOTES ARE ONLY REQUIRED IF THE INSTRUCTIONS FOR TREATMENTS THAT HAVE CHANGED.