Anaphylaxis Emergency Action Plan

Child's Name: _____ Grade:____ Div: _____ Birthdate:_____

School Name: _____ School Address:_____

THIS PERSON HAS A POTENTIALLY LIFE THREATENING ALLERGY (ANAPHYLAXIS)	ACT QUICKLY. DO NOT WAIT FOR SYMPTOMS TO GET WORSE OR NEW SYMPTOMS TO BEGIN
PHOTO **Allergy trigger(s):** ☐ Food(s): _____ _____ _____ ☐ Insect Stings: _____ ☐ Other: _____ **Medication:** ☐ EpiPen Jr. (0.15mg) ☐ EpiPen Sr. (0.3mg) Location:_____ Expiry:_____	☐ **Give Epinephrine** at the first sign of an anaphylactic reaction. ☐ **Call 9-1-1** ☐ **Call Emergency Contact** **Epinephrine is the first line medication** for the emergency management of anaphylaxis. **Antihistamines (e.g. Benedryl ™) or asthma medication should not be used to treat anaphylaxis.**

AN ANAPHYLACTIC REACTION MAY HAVE THE FOLLOWING SIGNS AND SYMPTOMS:
Face: Hives, itching, swelling (lips, face, tongue) flushed face or body
Airway: Difficulty breathing, swallowing or speaking, coughing , wheezing, change of voice, sneezing
Stomach: Stomach cramps, nausea, vomiting, diarrhea
Total body: Hives, itching, swelling, weakness, dizziness, loss of consciousness, anxiety, feeling of doom

EMERGENCY CONTACT INFO:

Name	Relationship	Cell Phone	Other Phone

The undersigned parent/guardian authorizes any adult to administer emergency medication following the instructions outlined above to the above named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by a physician/NP. The plan will be shared with appropriate facility/school personnel to assist in responding in an Emergency. It is the parent/guardian's responsibility to advise the school about any changes to this plan.

Parent/Guardian _____ Date _____ Doctor/NP Signature _____ Date _____

Anaphylaxis Emergency Plan is provided as a resource from Vancouver Coastal Health – April 2019
Adapted from the Anaphylaxis Emergency Plan on www.foodallergycanada.ca

Vancouver School Board