

# ANAPHYLAXIS ACTION FORM/PLAN – ELEMENTARY SCHOOL STUDENT

Date developed: \_\_\_\_\_

Date to be reviewed: \_\_\_\_\_

Student's Picture (Optional)	<b>Student's Name:</b> _____	Date of Birth: _____ (d/m/y)	Gender: OM    OF																
	Parent Guardian: _____ Daytime Phone #: _____ Emergency Contact: _____ Daytime Phone #: _____ Physician Name: _____ Physician Phone #: _____	<b>What is your child allergic to?</b> (parents complete)																	
		<b>Additional Information:</b> (parents complete)																	
<p style="text-align: center;"><b>Anaphylaxis Prevention Strategies</b></p> <p><b><u>Parent/Student Responsibilities</u></b></p> <ul style="list-style-type: none"> <li>Inform teacher of allergy, emergency treatment and location of Epi-Pen®</li> <li>Ensure student wears a Medical Alert bracelet or necklace</li> <li>Ensure student with food allergies eats only food/drinks from home</li> <li>Discuss appropriate location of Epi-Pen® with teacher/principal</li> </ul> <p><b><u>Teacher Responsibilities</u></b></p> <ul style="list-style-type: none"> <li>In consultation with parent/student/Public Health Nurse, provide "allergy awareness" education for classmates</li> <li>Inform teacher-on-call of student with anaphylaxis, emergency treatment and location of Epi-Pen®</li> </ul> <p>When student has a food allergy</p> <ul style="list-style-type: none"> <li>In consultation with Public Health Nurse, develop an "allergy safe" classroom</li> <li>Encourage students NOT to share food, drinks or utensils</li> <li>Encourage a non-isolating eating environment for student with food allergy</li> <li>Encourage students to wash their hands before and after meals/snacks with soapy water</li> <li>Encourage washing of desks after meals/snacks with soapy water</li> <li>Do not use allergenic food in crafts</li> </ul> <p>On field trips/co-curricular/extra-curricular activities</p> <ul style="list-style-type: none"> <li>Take Epi-Pen®, a copy of the Medical Alert Form and a cellular phone</li> <li>Be aware of anaphylaxis exposure risk (food and insect allergies)</li> <li>Inform supervising adults of student and emergency treatment</li> <li>Request supervising adults to sit with student in bus (or vehicle)</li> <li>Request student with food allergies not to eat on bus (or vehicle)</li> </ul>		<b>Symptoms: ✓ all that apply</b> (parents complete) <table style="width: 100%; border: none;"> <tr> <td><input type="radio"/> swelling (eyes, lips, face, tongue)</td> <td><input type="radio"/> coughing</td> </tr> <tr> <td><input type="radio"/> difficult breathing or swallowing</td> <td><input type="radio"/> choking</td> </tr> <tr> <td><input type="radio"/> cold, clammy sweating skin</td> <td><input type="radio"/> wheezing</td> </tr> <tr> <td><input type="radio"/> flushed face or body</td> <td><input type="radio"/> voice changes</td> </tr> <tr> <td><input type="radio"/> fainting or loss of consciousness</td> <td><input type="radio"/> vomiting</td> </tr> <tr> <td><input type="radio"/> dizziness or confusion</td> <td><input type="radio"/> diarrhea</td> </tr> <tr> <td><input type="radio"/> stomach cramps</td> <td></td> </tr> <tr> <td><input type="radio"/> other: _____</td> <td></td> </tr> </table>		<input type="radio"/> swelling (eyes, lips, face, tongue)	<input type="radio"/> coughing	<input type="radio"/> difficult breathing or swallowing	<input type="radio"/> choking	<input type="radio"/> cold, clammy sweating skin	<input type="radio"/> wheezing	<input type="radio"/> flushed face or body	<input type="radio"/> voice changes	<input type="radio"/> fainting or loss of consciousness	<input type="radio"/> vomiting	<input type="radio"/> dizziness or confusion	<input type="radio"/> diarrhea	<input type="radio"/> stomach cramps		<input type="radio"/> other: _____	
<input type="radio"/> swelling (eyes, lips, face, tongue)	<input type="radio"/> coughing																		
<input type="radio"/> difficult breathing or swallowing	<input type="radio"/> choking																		
<input type="radio"/> cold, clammy sweating skin	<input type="radio"/> wheezing																		
<input type="radio"/> flushed face or body	<input type="radio"/> voice changes																		
<input type="radio"/> fainting or loss of consciousness	<input type="radio"/> vomiting																		
<input type="radio"/> dizziness or confusion	<input type="radio"/> diarrhea																		
<input type="radio"/> stomach cramps																			
<input type="radio"/> other: _____																			
		<b>Emergency Plan:</b> Epi-Pen® at school? <input type="radio"/> Yes <input type="radio"/> No If NO, reason _____ Epi-Pen® location _____ # of Epi-Pens® required due to transportation time _____ <b>Standard Emergency Plan:</b> <ul style="list-style-type: none"> <li><b>Administer Epi-Pen®</b></li> <li><b>Call 911</b></li> <li><b>Notify Parent</b></li> <li><b>Have ambulance transport student to hospital</b></li> </ul> Any changes required to standard emergency plan? <input type="radio"/> Yes <input type="radio"/> No – specify _____																	

**ANAPHYLAXIS ACTION PLAN FOR \_\_\_\_\_**  
(student's name)

**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: _____	Date: _____
Principal: _____	Date: _____