




# AP Appendix 3205 B Anaphylaxis Student Form (to be kept in the office)

Date developed YY/MM/DD \_\_\_\_\_

Date to be reviewed YY/MM/DD \_\_\_\_\_

Student's Picture (Optional) 	Student's Name: _____	Date of Birth: _____ (YY/MM/DD)	Female: <input type="checkbox"/> Male: <input type="checkbox"/>
	Parent/Guardians: _____  Daytime Phone #: _____  Emergency Contact: _____  Daytime Phone #: _____  Physician Name: _____	<b>Allergens: Do not include antibiotics or other drugs</b> Peanuts <input type="checkbox"/> Nuts <input type="checkbox"/> Dairy <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/>  other: _____	

## Anaphylaxis Prevention Strategies

### Parent/Student Responsibilities

- Inform teacher of allergy, emergency treatment and location of both EpiPens
- Ensure student wears a Medic Alert bracelet or necklet
- Ensure student with food allergies only eats only food/drinks from home
- Discuss appropriate location of both EpiPens with teacher/principal

### Teacher Responsibilities

- In consultation with parent/student/Public Health Nurse, provide "allergy awareness" education for classmates
- Inform teacher on-call of student with anaphylaxis, emergency treatment and location of both EpiPens

### **When student has a food allergy**

- In consultation with Public Health Nurse, 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 soapy water after students eat
- Do not use the identified allergen(s) in classroom activities

### **On field trips/co-curricular/extra-curricular activities**

- Take both EpiPens, a copy of this Anaphylaxis Action Form and a cellular phone. Be aware of anaphylaxis 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)

### Symptoms: ✓ All That Apply

- |  |  |
|--|--|
| <input type="checkbox"/> swelling (eyes, lips, face, tongue) | <input type="checkbox"/> coughing      |
| <input type="checkbox"/> difficulty breathing or swallowing  | <input type="checkbox"/> choking       |
| <input type="checkbox"/> cold, clammy sweating skin          | <input type="checkbox"/> wheezing      |
| <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 _____                         |  |

\*Symptoms may vary depending on the reaction

### Emergency Protocol:

- Administer EpiPen
- Call 911 request an Advanced Life Support Ambulance
- Notify Parent/Guardian
- Administer second EpiPen in 10 minutes if no improvement in symptoms
- Have ambulance transport to hospital

Can student self-administer EpiPen?  Yes  No

EpiPen #1 location: \_\_\_\_\_

EpiPen #2 location: \_\_\_\_\_