School District 8
Kootenay Lake

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: ☐ Male: ☐
	Parent/Guardians: _____ Daytime Phone #: _____ Emergency Contact: _____ Daytime Phone #: _____ Physician Name: _____	**Allergens: Do not include antibiotics or other drugs** Peanuts ☐ Nuts ☐ Dairy ☐ Insects ☐ Latex ☐ other: _____ _____ **Additional Information**	

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

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

Related Policy: AP 3205 Anaphylaxis
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