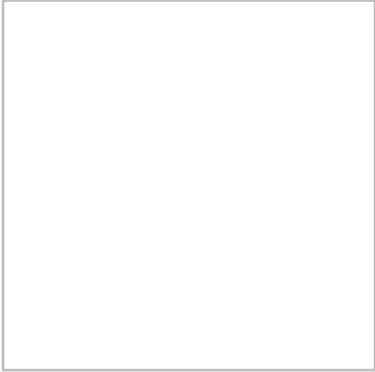




AP Appendix 3205 B Anaphylaxis Student Form (to be kept in the office)

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 <u>Parent/Student Responsibilities</u> • 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 <u>Teacher Responsibilities</u> • 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 <table border="0"> <tr> <td>☐ swelling (eyes, lips, face, tongue)</td> <td>☐ coughing</td> </tr> <tr> <td>☐ difficulty breathing or swallowing</td> <td>☐ choking</td> </tr> <tr> <td>☐ cold, clammy sweating skin</td> <td>☐ wheezing</td> </tr> <tr> <td>☐ flushed face or body</td> <td>☐ voice changes</td> </tr> <tr> <td>☐ fainting or loss of consciousness</td> <td>☐ vomiting</td> </tr> <tr> <td>☐ dizziness or confusion</td> <td>☐ diarrhea</td> </tr> <tr> <td>☐ stomach cramps</td> <td></td> </tr> <tr> <td>☐ other _____</td> <td></td> </tr> </table> *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: _____	☐ 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 _____	
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