

Anaphylaxis Action Form - Elementary School Student

Date developed _____
Date to be reviewed _____

Student's Picture (Optional)	Student's Name: _____	Date of Birth: _____ (Y/M/D)	Female: <input type="checkbox"/> Male: <input type="checkbox"/>
	Parent/Guardians: _____	Allergen: Do not include antibiotics or other drugs	
	Daytime Phone #: _____	<input type="checkbox"/> Peanuts <input type="checkbox"/> Nuts <input type="checkbox"/> Dairy <input type="checkbox"/> Insects <input type="checkbox"/> Latex	
	Emergency Contact: _____	other: _____	
	Daytime Phone #: _____	Additional Information	
Physician Name: _____			

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: _____