

ALLERGY RESPONSE PLAN

Attach photo here:

Student's name:

D.O.B: _____

Grade/ Class: _____

ALLERGY TO:

ALLERGY TO:

Note: The key to preventing an anaphylactic emergency is **absolute avoidance** of the allergen.

PREVIOUS ANAPHYLACTIC REACTION: Y / N (person is at greater risk).

ASTHMATIC: Y/N (Person is at greater risk. If the person is having a reaction and has difficulty breathing, give epinephrine first before asthma medication.)

Note known triggers for asthma exacerbation:

IF EXPOSURE TO ALLERGEN IS SUSPECTED AND/OR SYMPTOMS ARE:

1. Give _____ **IMMEDIATELY**
(medication/dose/route)

In-School Medications are:

Epinephrine auto injector 0.15mg /0.3 mg (circle) other: _____

Expiry date: _____/_____

Antihistamine (oral medication) Dose _____ Can be given
in addition to epinephrine Y / N (circle)

Medication is located:

Select most appropriate for student:

- Trained school staff must administer medication
- Student self-administers, under adult supervision
- Student is self-carry/self-administer

If student does not have access to an epinephrine auto injector, does the parent/guardian approve the administration of epinephrine to be administered intramuscularly by the school nurse under direction of the Family Health Practice physician in the event of a severe, life-threatening reaction (circle and sign): Yes or No

Parent/Guardian signature

- 2. Call the Emergency services. Dial ext. 164 for the health office or 01713396612 for the School Nurse. Dial 10666 for United hospital ambulance. / Follow school procedures.**
- 3. Call emergency contacts: name/tel/relationship**

School staff trained to administer an epi-pen in an emergency:

- 1. _____
Location/Room# _____
- 2. _____
Location/Room# _____
- 3. _____
Location/Room# _____

GENERAL SIGNS OF SEVERE ALLERGIC REACTION

Mouth: itching and swelling of the lips, tongue or mouth

Throat*: itching and/or a sense of tightness in throat,
hoarseness and hacking cough

Skin: hives, itchy rash, and/or swelling of face and extremities

Gut: nausea, abdominal cramps, vomiting and/or diarrhea

Lung*: shortness of breath, repetitive coughing and/or wheezing

Heart*: "thready pulse", "passing out"

Note: the severity of symptoms can change quickly

*These symptoms can potentially progress to a life threatening
situation.

The undersigned student, parent, or guardian authorizes any trained
member of school staff to administer epinephrine to the above-named
person in the event of an anaphylactic reaction, as described above.
This protocol has been recommended by the student's physician

Patient/Parent/Guardian Signature/ Date

Physician Signature / Date