

209(A) Students AP -- Anaphylaxis (Severe Allergies) -- Appendix (A)

The personal information on this form is collected under the authority of the *School Act*, the *Student Record Regulation*, and the *Freedom of Information and Protection of Privacy Act*. The purpose of this collection is to respond to potential emergency situations involving your child whom you have identified as subject to a potentially life-threatening allergy. If you have any questions concerning the collection, use, or disclosure of this information, please contact your school principal either in writing or by telephone.

A) STUDENT INFORMATION (To be completed by parent/s)	
Name of Student: _____	Date of Birth: _____
Address: _____	
Home Telephone: _____	Medic Alert I.D.: _____
Name of Parent: _____	Business #: _____
Name of Guardian: _____	Business #: _____
Emergency Contact Person(s): _____	Telephone #: _____
_____	Telephone #: _____
B) PHYSICIAN INFORMATION (To be completed by Physician)	
Name of Allergy/Allergens: _____	
Symptoms of Reaction: _____	

Recommended Response to Reaction: _____	

Medication: _____	Dosage: _____
_____	_____
Additional Instruction or Information: _____	

Name of Physician: _____	Telephone: _____
Physician's Signature: _____	Date: _____

Initial and date here if no change in above from last year: _____

Initial and date here if no change in above from last year: _____

C) To Be Completed by Parent(To be posted, following parental consent)

Student's Name: _____

School: _____

ALLERGY - DESCRIPTIONThis student has a **DANGEROUS** life-threatening allergy to the following:

As well as all substances containing them in any form or amount, including the following kinds of items:

Student's photograph

AVOIDANCEThe key to preventing an emergency is **ABSOLUTE AVOIDANCE** of these allergens at all times:**LOCATION OF AUTO-INJECTOR (EpiPen®) AND INSTRUCTIONS** _____**EXPIRY DATE OF AUTO-INJECTOR (EpiPen®)** _____**GENERAL PRECAUTIONS**

SYMPTOMS FOLLOWING EXPOSURE TO A PARTICULAR MATERIAL CAN INCLUDE:

- | | |
|--|---|
| - hives and itchiness on any part of the body; | - swelling of any body parts, especially eyelids, |
| - nausea, vomiting, diarrhea; | lips, face or tongue; |
| - difficulty breathing or swallowing; | - coughing, wheezing or change of voice; |
| - panic or sense of doom; | - fainting or loss of consciousness; |
| - throat tightness or closing; | - other (please specify) _____ |

EMERGENCY MEASURES

- Get **EpiPen®/Anakit®** (epinephrine) or other medication and administer according to the emergency response plan of the child.
- **Have someone call an ambulance** and advise of need for an EpiPen®/Anakit®
- Unless student is resisting, lay student down, tilt head back and elevate legs.
- Cover and reassure student.
- Record the time at which EpiPen®/Anakit® was administered.
- Have someone call the parents. If the ambulance has not arrived in 10 - 15 minutes, and breathing difficulties are present, administer a second EpiPen® if available, or second dose from Anakit®.
- Even if symptoms subside, students require medical attention because there may be a delayed reaction; take the student to hospital immediately in the ambulance.
- If possible, have a school staff member accompany the student to the hospital.
- Provide ambulance and/or hospital personnel with a copy of the Severe Allergy Alert Form for the student, and the time at which the EpiPen®/Anakit® or medication was administered.

I agree that the school may post my student's picture, take Emergency Measures, and share this information as necessary with the staff of the school and health care providers.

Parent's Name _____

Signature _____

Date _____

Principal's (or designate) Signature _____

POST IN APPROPRIATE LOCATIONS WITHIN THE SCHOOL

Prairie Rose School Division No. 8
Food Consumption Permission Form
For Students with
Severe Allergic Reactions

Name of Student: _____

School: _____

According to Prairie Rose Administrative Procedure Guideline A205.1 Anaphylaxis (Severe Allergies), the "Responsibilities of the Student" section states:

"Students with severe allergies must eat only foods brought from home unless authorized by the parents in writing."

In consideration of your child's eating habits, allergies, and the food items offered at our school, please complete the appropriate section of the following form.

PLEASE RETURN THIS SHEET TO SCHOOL AS SOON AS POSSIBLE.

_____ A. _____ must only eat foods brought from home.
(Student's name)

OR

_____ B. _____ has permission to eat food items other
(Student's name) than those brought from home.

Parent's name: _____

Parent's signature: _____

Student's signature: _____
(as appropriate)

Date: _____

Initial and date here if no change in above from last year: _____

Initial and date here if no change in above from last year: _____