

**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 - DESCRIPTION**This student has a **DANGEROUS** life-threatening allergy to the following:

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

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Student's photograph

**AVOIDANCE**The 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**


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**SYMPTOMS FOLLOWING EXPOSURE TO A PARTICULAR MATERIAL CAN INCLUDE:**

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

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\_\_\_\_\_ 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: \_\_\_\_\_