

SCHOOL TEAM

(to be completed by the school)

WHO	DUTIES (including safety measures)	WHEN (if appropriate)

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE

EMERGENCY PROCEDURES

ACT QUICKLY. THE FIRST SIGNS OF AN ANAPHYLACTIC REACTION CAN BE MILD, BUT SYMPTOMS CAN GET WORSE QUICKLY.

STEPS

1. Give epinephrine auto-injector (e.g. EpiPen®, Allerject) at the first sign of known or suspected anaphylactic reaction.
2. Call 9-1-1. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in symptoms or if symptoms return.
4. Designate someone to call contact person; e.g. Parent(s)/Guardian(s).

5. Recommend transport to the hospital (by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after treatment.
6. Provide the used epinephrine auto-injector to EMS for disposal.

AUTHORIZATION / PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

(Please select any that apply or with whom the plan is to be shared)

school staff	classmates	transportation provider
lunchroom supervisor	relevant occasional staff	relevant volunteers
before and/or after care	post copy	
food service provider(secondary only)		
other _____		

Request for School Personnel to Administer Prescribed & Emergency Medication Form is completed.

This plan remains in effect for the 20__ — 20__ school year without change and will be reviewed on or before: _____. (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year.)

I acknowledge that I am aware and understand my child’s medical condition and the risks associated with its care and emergency treatment, and that the Halton District School Board and its staff and volunteers are acting in their role as educators and not health professionals.

Parent/Guardian Signature*

Student Signature

Principal or Designate Signature

Date

*If the student is 18 years and over, a parent signature may not be required.

Personal information is collected under the authority of the Education Act, R.S.O. 1990, c. E.2 in compliance with the Personal Health Information Protection Act, S.O. 2004, c. 3 and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56. Personal information is collected for purposes of providing professional services, consultation and advice in the context of the Halton District School Board’s educational mandate. Questions about this collection may be directed to the Superintendent of Health.