PREVALENT MEDICAL CONDITION ANAPHYLAXIS
PLAN OF CARE

STUDENT INFORMATION		Student Photo
Student Name:		
Student wears Medical-Alert Bracelet YES NO		
Date of Birth	Age:	
Teacher	Grade:	☐ **I consent to publicly displaying this photo.**

EMERGENCY CONTACTS in ORDER

Name	Relationship	Phone #
1.		
2.		
3.		
4.		

Does the student have any other Prevalent Medical Conditions for which there is a Plan of Care? No Yes
If Yes, check all that apply:

- ☐ Asthma
- ☐ Epilepsy/Seizure
- ☐ Diabetes
- ☐ Concussion

KNOWN LIFE-THREATENING TRIGGERS (check all that apply)

☐ **FOOD to be AVOIDED**	☐ **INSECT STINGS**	☐ **OTHER**
LIST: ☐ ☐ ☐ ☐	LIST: ☐ ☐ ☐ ☐	LIST: ☐ ☐ ☐ ☐
SAFETY MEASURES:	**SAFETY MEASURES:** ☐ Avoid areas where stinging insects next or congregate. ☐ Report, remove or destroy nests	**SAFETY MEASURES:** ☐ If child has ASTHMA give Epipen before inhaler

	☐ Remove or cover trash bins ☐ Keep food indoors	

MEDICATION

Two EPIPens Provided by Parent **Child is at a greater risk if:** ☐ **Has ASTHMA Give epipen before asthma medication** ☐ **Has had PREVIOUS anaphylactic reaction**	**Carried By Child** ☐ Dosage Epipen Jr or ☐ Dosage Epipen **Carried by** ☐ Fanny Pack ☐ Leg Strap ☐ Back Pack	**School Office** ☐ Dosage Epipen Jr or ☐ Dosage Epipen **Exact Location:**
	EXPIRY DATE:	**EXPIRY DATE:**

NCCSA EMERGENCY PROCEDURES FOR ANAPHYLACTIC REACTIONS

EARLY RECOGNITION OF SYMPTOMS AND IMMEDIATE TREATMENT COULD SAVE A LIFE
A person with an anaphylaxis reaction could have one or more of the following:

SKIN SYMPTOMS
☐ **Hives**
☐ **Swelling**
  ☐ **Face**
  ☐ **Lips**
  ☐ **Tongue**
☐ **Itching**
☐ **Redness**
 	
OTHER
☐ **Anxiety**
☐ **Sense of doom**
☐ **Headache**
☐ **Uterine cramps**
☐ **Metallic taste**
	RESPIRATORY SYSTEM
	☐ **Coughing**
	☐ **Wheezing**
	☐ **Shortness of breath**
	☐ **Chest pain or tightness**
	☐ **Throat tightness**
	☐ **Hoarse voice**
	☐ **Nasal congestion**
	☐ **Runny itchy nose**
	☐ **Watery eyes**
	☐ **Sneezing**
	☐ **Trouble swallowing**
		GASTROINTESTINAL SYSTEM
		☐ **Nausea**
		☐ **Vomiting**
		☐ **Diarrhea**
		☐ **Pain Cramps**
		
		CARDIOVASCULAR SYSTEM
		☐ **Paler than normal skin**
		☐ **Blue Skin**
		☐ **Weak pulse**
		☐ **Passing out**
		☐ **Dizziness**
		☐ **Lightheadedness**
		☐ **Shock**

- ☐ **GIVE EPINEPHRINE AUTO INJECTOR** (eg. EpiPen or Allerject) at the first sign of a known or suspected anaphylactic reaction.
  - ☐ Note time
  - ☐ Monitor reaction
- ☐ **CALL 911 or local medical services.**
  - ☐ Tell them someone is having a life-threatening allergic reaction.
  - ☐ Follow guidance.
- ☐ **CALL Emergency Contact Person**
- ☐ **GIVE SECOND DOSE of EPINEPHRINE** as early as five minutes after the first dose if there is no improvement in symptoms.
- ☐ **GO TO NEAREST HOSPITAL IMMEDIATELY (ideally by ambulance)**
  - ☐ Even If symptoms are mild or have stopped
  - ☐ The reaction can worsen or come back even after proper treatment.
  - ☐ Stay in hospital for an appropriate period of observation as decided by the emergency department

physician.

HEALTH CARE PROVIDER INFORMATION

Please review this plan of care with your healthcare provider.

Name:	Profession ☐ Physician ☐ Nurse practitioner	Medication: Name: Dosage: Frequency:
Special Instructions:		
Signature (where possible):		Date:

INDIVIDUALS with whom THIS PLAN OF CARE WILL BE SHARED

- ☐ **I/we authorize the principal to share the Plan of Care with school staff who are in direct contact with my child.**
- ☐ **I/we authorize the following to also have access to this Plan of Care (check all that apply)**
  - ☐ **Niagara Children's Centre**
  - ☐ **Before and/or After School Program**
  - ☐ **Transportation Provider**
    - ☐ **BUS # _____**

This plan of care remains in effect for the _____ School Year and will be reviewed within the first 30 days of a new school year
If at that time, there are no changes to the student medical history, this information may remain on file.
It is the responsibility of parents to notify the principal if there is a need to change this plan during the school year.

Parent Signature:	Date:
Student Signature:	Date:
Principal Signature:	Date: