

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Class: \_\_\_\_\_

This person has potentially life-threatening allergy (anaphylaxis) to:

**ATTACH  
CURRENT  
PHOTO**

(Check the appropriate boxes.)

- Peanut       Latex       Tree nuts       Insect Stings  
 Egg       Medication       Milk       Other: \_\_\_\_\_

**Food:** The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a "may contain" warning.

**Non Food:** No latex products in affected child's class and common areas. Through daily playground inspections, any insects found will be dealt through pest management where required.

**Monitoring and Avoidance Strategy (safety precautions):**

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**Epinephrine Auto-Injector:** Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

**Dosage:**  EpiPen® Jr. 0.15mg       EpiPen® 0.30mg       Allerject™ 0.15mg       Allerject™ 0.30mg

**Location of Auto-Injector (s):** \_\_\_\_\_

**Other medication – Name** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

**Conditions to administer:** \_\_\_\_\_

- Previous anaphylactic reaction:** Person is at greater risk.  
 **Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person is having an anaphylactic reaction might have ANY of these signs and symptoms (**circle all applicable**):

**Skin:** hives, swelling, itching, warmth, redness, rash

**Respiratory (breathing):** Wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing

**Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea

**Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock

**Other:** anxiety, feeling of "impending doom", headache

**Early recognition of symptoms and immediate treatment could save a person's life**

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (e.g. EpiPen® or Allerject™) at the first sign of a 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** in 5-15 minutes **IF** the reaction continues or worsens.
4. **Go to the nearest hospital immediately (ideally by ambulance)**, even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 hours).
5. **Call emergency contact person(s).**
6. **Emergency Contact Information:**

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned parent or guardian authorizes any adult to administer epinephrine or other medication indicated to the above-named student in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date