



York Catholic District School Board

**PROCEDURE:
206A SUPPORTING STUDENTS WITH PREVALENT MEDICAL CONDITIONS:
ANAPHYLAXIS**

**Addendum to:
Policy 206 Supporting Students with Prevalent Medical Conditions
(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools**

Effective: June 21, 2023
Revised: June 20, 2023

The York Catholic District School Board recognizes that there are some students within the school system that are susceptible to severe anaphylactic reactions which could be life threatening. The York Catholic District School board also recognizes that anaphylaxis management is a shared responsibility that requires a team approach among allergic students, Parent(s)/Guardians, health care providers and the entire school community.

1. Roles & Responsibilities

1.1 Parent(s)/Guardian(s) of Children with Anaphylaxis

As primary caregivers of their child, parent(s)/guardian(s) are expected to be active participants in supporting the management of their child's anaphylaxis while the child is at school and at school related activities. Parent(s)/Guardian(s) are expected to:

- Inform the Principal immediately upon registration and/or when in receipt of a diagnosis of an anaphylactic allergy
- Provide the school with a completed copy of form S15(a) for Elementary students and S15(a1) for Secondary students prior to, or immediately after the start of the student's Elementary career and prior to, or immediately after the start of the student's Secondary career, or immediately after a diagnosis of an anaphylactic allergy
- Participate in the co-creation, review and updating of the Anaphylaxis Health Management Plan and other required forms within the first 30 days of each school year, upon registration, and following any changes or new diagnosis
- Ensure that all medical information pertinent to the student's life-threatening allergy is always current
- Provide the school with two (2) * up-to-date single-dose applications of the Epinephrine auto-injector, one to be stored in the school office, clearly marked with student's name and known allergen and the second to be carried on the student's person, clearly marked with the student's name and known allergen
- Or, to provide the school with one (1)* up-to-date **Allerject** application of the Epinephrine auto-injector, to be worn on the student's person, clearly marked with student's name and known allergen or to be kept with a person in a position of authority
- Provide your child with a **MedicAlert® bracelet** to be worn at all times
- Practice allergen avoidance measures
- Research field trip sites and overnight excursion sites for potential allergen risks
- Provide education to their child about their medical condition, as well as the safekeeping and administration of their medication with support from their child's health care professional

*If the Parent(s)/Guardian(s) is not in agreement with providing the school with two up- to-date applications of the Epinephrine auto-injector or the possession and carrying of one application Epinephrine auto-injector or the ALLERJECT Epinephrine auto-injector on the student then the parent will be required to indicate this on the S15(a) or S15(a1) form upon submission to the Principal acknowledging that they take full responsibility for their decision.

1.2 Students with Anaphylaxis

Depending on their cognitive, emotional, social and physical stage of development, and their capacity for self-management, students shall actively support the development and implementation of their anaphylaxis Health Management Plan. Students are expected to:

- Practice allergen avoidance measures
- Learn to recognize symptoms of an anaphylactic reaction
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear

- Take responsibility for advocating for their personal safety and well-being, as well as the safekeeping and administration of their medication that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management
- Communicate with their Parent(s)/Guardian(s) and school staff if they are facing challenges related to their medical condition at school
- Wear a Medic Alert identification at all times

1.3 School Staff

School staff play a key role in supporting the student's safe, accepting, and healthy learning environment, and allowing students to participate in school to their fullest potential. School staff will:

- Participate in the regular and current training on anaphylaxis twice annually to learn how to recognize the symptoms of an anaphylactic reaction and the procedures to follow should a life-threatening allergic reaction occur.
- Provide a copy of the S15(a) or S15(a1) form (which includes a photo of the student) to occasional teachers and support staff
- Discuss anaphylaxis with the class, in age appropriate terms outlining the allergen in the class, describing symptoms of an anaphylactic reaction and procedures to follow should an anaphylactic reaction occur.
- Ensure that all reasonable safety procedures are carried out in courses and activities for which the teacher is responsible.
- Administer an Epinephrine auto-injector or other medication that is prescribed, even if there is no pre-authorization to do so if there is reason to believe that a student is experiencing an anaphylactic reaction

1.4 Principal

In addition to the responsibilities outlined above under "School Staff", the principal (or designate) will:

- Participate with staff and others in direct contact with students in training on anaphylaxis twice annually to learn how to recognize the symptoms of an anaphylactic reaction and the procedures to follow should a life-threatening allergic reaction occur.
- Inform Parent(s)/Guardian(s) of the need to advise the school if their child has a life threatening allergy.
- Communicate with all staff and others who are in direct contact with students the name, grade and classroom teacher of students who could require the immediate administration of medication due to life-threatening allergies and where their Anaphylaxis Health Management Plan and medication are located.
- Develop and co-create with parent(s)/guardian(s) a Health Management Plan for each student who has an anaphylactic allergy that includes details informing staff and others who are in direct contact with the student on a regular basis of the type of allergy, monitoring and avoidance strategies and appropriate treatment; a readily accessible emergency procedure for the student, including emergency contact information and storage for Epinephrine auto-injector, where necessary.
- create and maintain a centrally accessible file containing all individual action plans for all students with anaphylaxis for the current school year.
- Ensure that this policy and accompanying guidelines are included in the school's Emergency Response/Health Management Plan.
- Provide and communicate to all staff the designated location of medication for students with anaphylaxis.

- Establish an “allergy safe” school environment via food restrictions, no food sharing rules and hand washing routines.
- Communicate to the entire school community stressing “allergen safe” schools via newsletter, website, student agendas, regular assemblies and posting of “allergy safe” signs throughout the school.
- Provide separate communication to individual classrooms regarding allergens in that classroom and through the classroom to the community regarding specific allergens.
- Promote the avoidance of allergens where practical and possible (i.e., school events, such as Pancake Tuesday, any Food & Nutrition program provided by a third party and all one day and/or overnight school excursions.)
- Ensure that school volunteers and visitors are aware of Policy 206: Supporting Students with Prevalent Medical Conditions.

1.5 Student Transportation Services

- Ensure the names of students with a diagnosis of Anaphylaxis have been communicated to Transportation Service Providers.
- Ensure that Policy 206: Supporting Students with Prevalent Medical Conditions has been communicated with all Transportation Service Providers.
- Ensure that the current form S15(a) or S15(a1) form received from the Principal is available on file:
 - i) in the Student Transportation Services office,
 - ii) in the appropriate service provider’s dispatch office, and,
 - iii) in the appropriate school vehicle(s)
- Require the service provider to ensure there has been adequate Epinephrine auto-injector in-servicing and training of all regular drivers and substitute drivers that transport a student with life-threatening allergies.
- Work with the school Principal and service provider to assign seating

1.6 Human Resources

- To ensure that all occasional teachers and casual support staff are in-serviced upon hiring and on an annual basis by Human Resources on how to recognize symptoms of an anaphylactic attack, on how to respond to life threatening allergic reactions, and how to administer medication (e.g. Epinephrine auto-injector).

2. Anaphylaxis Health Management Plan

The Anaphylaxis Action Plan is a form that contains individualized information on the student’s allergy, School Care Team of Staff, preventative strategies to reduce risk, symptoms of an anaphylactic reaction and emergency medical response.

The Anaphylaxis Action Plan shall be co-created, reviewed or updated by the parent(s)/guardian(s) in consultation with the principal, designated staff and the student within the first 30 days of the school year or as soon as possible upon registration or diagnosis.

Parent(s)/guardian(s) have the authority to designate who is provided access to the Anaphylaxis Health Management Plan. With authorization from parent(s)/guardian(s), the Anaphylaxis Health Management Plan will be:

- i) Shared with appropriate school staff and others who are in direct contact with students with anaphylaxis (e.g. food service providers, transportation providers, volunteers).
- ii) Posted in a key area of the school where staff have access on a regular basis.
- iii) Posted inside the food preparation area of the cafeteria.
- iv) Located in the educator’s daybook and/or occasional educator plans.

3. **Facilitating and Supporting Daily or Routine Management**

Students are to have access to two (2) epinephrine auto-injectors at school:

- (i) Children who have demonstrated maturity (usually by the age 6 years) must carry their own epinephrine. Direct adult supervision should be available in the case of younger children, as very young children might require staff to carry or store the auto-injector to allow medication to be available in the classroom.
- (ii) A spare epinephrine auto-injector is to be kept in a location on school site that is easily accessible, usually in the office, and not in locked cupboards or drawers.

All employees, the student with anaphylaxis and others who come in regular contact with the student should know the location of the auto-injectors.

It is a shared responsibility between the school, students and parent(s)/guardian(s) to promote and maintain an allergen minimized environment.

In addition to being carried by the student, an auto-injector with the original pharmacist label and container may be stored in the office or other secure location, in accordance with the Board's Policy 207: *Administration of Oral Medication to Elementary and Secondary Students*.

4. **Emergency Response**

"Emergency" is defined by the Health Care Consent Act, 1996 to include a situation where the individual is experiencing severe suffering, or is at risk of sustaining serious bodily harm, if the treatment is not administered promptly.

All staff are required to be trained annually in the emergency response to an anaphylactic reaction. The individualized response to a student's anaphylactic emergency shall be detailed in their Health Management plan. Staff who are in direct contact with the student, shall review and be trained on the individual action plan.

Generally, in the event of an emergency, staff shall:

- (i) Give an epinephrine auto-injector (e.g., EpiPen, Allerject©) at the first sign of known or suspected anaphylactic reaction.
- (ii) Call 9-1-1. Tell them someone is having a life-threatening allergic reaction.
- (iii) Call, or direct another adult to call, the emergency contact person.
- (iv) Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in symptoms.
- (v) Provide the used auto-injector to the paramedics for safe disposal.
- (vi) Document the Medical incident in the Health Management Plan

5. **Raising Awareness**

Where possible, school staff should raise awareness of Anaphylaxis and other prevalent medical conditions that affect students. They can do so through curriculum content in classroom instruction, related learning experiences and classroom leadership opportunities. Awareness is especially important at times of transition (e.g. the move to a new school, the move from elementary to secondary school), when students have to face social, physiological, and environmental changes.

6. **Liability**

The Good Samaritan Act, passed in 2001, protects individuals from liability with respect to voluntary emergency medical or first aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

2.(1) *Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in action or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.*

(2) *Subsection (1) applies to, ... (b) and individual... who provides emergency first aid to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides assistance at the immediate scene of the accident or emergency.*

In addition, Sabrina's Law (2005) includes provisions limiting the liability of individuals who respond to an emergency relating to these conditions, as cited below:

Section 3(4) of Sabrina's Law: No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence.

7. Definitions

Age and/or Developmentally Appropriate

Age and/or developmentally appropriate readiness for individual students will need to be considered by the Superintendent of Schools and Principal in consultation with the Parent(s)/Guardian(s). The responsibilities that a student can assume will be assessed based on the student's age and capability

to understand their life-threatening condition. Students with special education needs may require additional assistance and avocation by school or central staff and Parent(s)/Guardian(s).

Allergens

Allergens are any substance or condition that can bring on an allergic reaction leading to a severe, life-threatening, allergic reaction known as anaphylaxis.

Allergen Safe School Environment

Allergen safe school environment is one where every reasonable effort and precaution has been taken to minimize the risk of exposure to potentially life threatening allergens.

Anaphylactic Reaction

Anaphylactic reaction is a life-threatening reaction characterized by a range of symptoms including but not limited to:

Skin Reactions: hives, swelling, itching, body warmth, skin redness or rash,

Respiratory Reactions: coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, swelling of the tongue, tingling of the mouth, nasal congestion or hay fever-like symptoms or trouble swallowing,

Gastrointestinal Reactions: nausea, pain or cramps, vomiting or diarrhea,

Cardiovascular Reactions: pale/blue colour, weak pulse, unconsciousness, dizzy or lightheaded, shock.

Other symptoms may include, but are not limited to anxiety, headache or feeling of "impending doom" that can develop within seconds to minutes of exposure to an allergen. In rare cases, the timeframe can vary up to several hours after exposure.

Anaphylaxis

Anaphylaxis means a severe systemic allergic reaction which can be fatal, resulting

in circulatory collapse or shock.

Auto-Injector

An auto-injector is a medical device used to deliver a pre-measured dose (or doses) of Epinephrine auto-injector commonly trademarked as the Epinephrine auto-injector.

Person in a Position of Authority

A person employed by the Board to perform services with respect to a student or students.

School Environment

School environment includes the entire school building and grounds, buses and other modes of transportation, school excursions, before and after school programs, and school sanctioned events involving students.

8. Cross References

Legislation

Sabrina's Law, 2005, Statutes of Ontario, Chapter 7
Ontario Ministry of Education Anaphylaxis Resource Kit

YCDSB Policies

Policy 201A Healthy Schools - Eating and Nutrition
Policy 703 Community Use of Schools

YCDSB Purchasing Reference Guide

YCDSB Standard Child Care and Purchasing of Services Leases and/or Contracts
YCDSB Student Transportation Procedures Manual
YCDSB Third Party Protocol

Related Forms

S15(a) Elementary Administration of Prescription Medication for Anaphylaxis
S15(a1) Secondary Administration of Prescription Medication for Anaphylaxis



York Catholic District School Board

Administration of Medication to Students with Anaphylaxis

Parent Letter Template

School Letterhead

Dear Parent / Guardian;

As we update our school records related to the administration of medication for anaphylactic students, you are asked to carefully review, sign and return the attached Form S15 (Acknowledgement and Consent) along with the S15(a) for Elementary Students, or S15(a1) for Secondary Students as soon as possible. This information is necessary for the safety and protection of your child.

As per Policy 206 Supporting Students with Prevalent Medical Conditions: Anaphylaxis, Asthma, Diabetes and/or Epilepsy, section, 4.6.5 *To confirm annually to the Principal or their designate that their child's medical status is unchanged.* Please complete and return the attached forms with a physician signature as soon as possible if your child is:

- New to the school and has a diagnosis of anaphylaxis, or
- Is presently attending the school, but has been recently diagnosed with anaphylaxis.

If revisions to the medical information outlined on the attached Form S15(a) or Form S15(a1) are necessary for students who have a previous Administration of Medication for Anaphylaxis form on file, you will be required to complete a new form and secure an updated physician signature. If no revisions are necessary, please return the signed Form S15 along with the S15(a) or S15(a1) with an updated picture of your child as soon as possible.

Please contact the school office if you have any questions and/or concerns.

Thank you for your immediate attention to this request and your ongoing support in the shared responsibility for anaphylaxis management in our school.

Sincerely,

Principal Name



York Catholic District School Board

ADMINISTRATION OF MEDICATION for ANAPHYLACTIC STUDENTS

Acknowledgement and Consent

(Students Under 16 Years of Age)

It should be understood that parents are asking non-medical persons to undertake the administration of prescription medications (i.e. epinephrine auto injector) and must, therefore, assume the associated inherent risks. School staff members providing assistance in the administration of prescription medication to students are not medically trained personnel. They will endeavour to follow all reasonable instructions, as provided on the Board forms S15(a) (Elementary) as S15(a1) (Secondary), in order to ensure the safety and security of each student.

If you choose to request school staff to administer prescription medication to your child, you must understand that you bear the responsibility of any accident that might occur.

s.3(4) Sabrina's Law, 2005

No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence.

In order to minimize these risks, parents should ensure that their requests include all information that might be needed to safely administer prescription medications, including the identification of possible side effects as identified, on the Board S15(a) and S15(a1), by a licensed physician. A one-time signature from a licensed physician is now required; both at the elementary panel and a one-time signature from a licensed physician at the secondary panel.

The York Catholic District School Board does not provide medical expense insurance on behalf of its students who require assistance in the administration of prescription medication.

It is your legal obligation to ensure that the information in your child's file is kept up to date with the medication that your child is taking.

ACKNOWLEDGEMENT and CONSENT

WE HAVE READ AND ACKNOWLEDGE THE ABOVE AND HEREBY CONSENT TO THE ADMINISTRATION BY SCHOOL STAFF OF PRESCRIPTION MEDICATION TO:

Name of Student:

Signature of Parent/Guardian: Date:

I have reviewed the existing S15(a) form signed by the physician, and verify that there are no revisions to the medical information at this time.

Signature of Parent/Guardian:

Date:



York Catholic District School Board

ELEMENTARY ADMINISTRATION OF PRESCRIPTION MEDICATION FOR ANAPHYLAXIS

THE FOLLOWING REQUEST(S) WILL EXPIRE WHEN ELEMENTARY STUDENT ENTERS SECONDARY.

STUDENTS NAME: _____ **STUDENTS DATE OF BIRTH** _____

NAME OF SCHOOL: _____ **ROUTE No. (AM & PM)** _____

<p>Student Address:</p> <p>Phone Number:</p> <p>Physician's Name:</p> <p>Phone Number:</p> <p>I give permission for the Principal to contact the physician relating to my child's medical condition, if necessary, both for the purposes of accommodating them or protecting them from potential harm.</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>PLACE STUDENT'S PHOTO HERE (MUST BE KEPT CURRENT)</p>	<p>MEDICATION KEPT:</p> <p>With Student Specify location:</p> <p><input type="checkbox"/> In Office</p> <p><input type="checkbox"/> Other:</p> <p><i>The EpiPen® will be returned to the student at the end of each school year.</i></p>
<p><u>THIS STUDENT HAS A LIFE-THREATENING ALLERGY TO THE FOLLOWING:</u></p>	<p>In order to protect your child's safety, we recommend that you provide the office with an EpiPen to use in the event of an emergency and that you also ensure that your child carries a second EpiPen with them at all times.</p> <p>Having two EpiPens available for your child will enable us treat them as rapidly as possible.</p> <p><input type="checkbox"/> I have provided an EpiPen® for the office.</p> <p><input type="checkbox"/> I have provided an EpiPen® for my child to carry at all times</p> <p><input type="checkbox"/> I have provided a Medic Alert Bracelet and will encourage my child to wear it at all</p> <p><input type="checkbox"/> I have not provided an EpiPen® for my child to carry at all times.</p>	

Parent/Guardian Signature: _____ Date: _____

Physician Signature: _____ Date: _____

NAME OF MEDICATION(S):

Epinephrine Auto-Injector Dosage:


- EpiPen Jr. 0.15mg
- EpiPen 0.30 mg
- Allerject 0.15 mg
- Allerject 0.30mg

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE *EDUCATION ACT* AND THE *MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT*. QUESTIONS ABOUT THE COLLECTION AND THE USE OF THIS PERSONAL INFORMATION SHOULD BE DIRECTED TO THE PRIVACY MANAGER - FREEDOM OF INFORMATION, YORK CATHOLIC DISTRICT SCHOOL BOARD, 320 BLOOMINGTON RD. W., AURORA, ONTARIO, L4G 3G8 OR (905) 713-2711.


c.c. Student Transportation Services
Office File


ACTION – EMERGENCY PLAN:

 Use EpiPen® immediately and try to keep child calm

 DESIGNATE SOMEONE TO CALL 911 and advise the dispatcher that a student is having an anaphylactic reaction (a severe life-threatening allergic reaction).

 Call parent or guardian

 If an ambulance has not arrived in 10-15 minutes and breathing difficulties are present (e.g. wheeze, cough, throat clearing), or the student is unconscious, give a second EpiPen®.

 The student must be taken to a hospital immediately, even if symptoms subside entirely.

 Send an additional EpiPen® (if available) with the ambulance driver.

POSSIBLE ANAPHYLACTIC SYMPTOMS:

LIST ADDITIONAL/OTHER SYMPTOMS FOR YOUR CHILD:

flushed face, hives, tingling in the mouth, swelling or itchy lips, tongue, eyes

tightness in throat, chest

difficulty breathing or swallowing, wheezing, coughing, choking

vomiting, nausea, diarrhea, stomach pains

loss of consciousness

fear and/or panic

PARENT INPUT ON EMERGENCY PLAN:

DESCRIPTION OF ALLERGY:

THIS STUDENT HAS A LIFE-THREATENING ALLERGY TO THE FOLLOWING:

**AND ALL FOODS CONTAINING THESE ALLERGENS IN ANY FORM OR AMOUNT,
INCLUDING THE FOLLOWING:**

STRATEGIES (List avoidance/safety rules for your child, if any):



York Catholic District School Board

SECONDARY ADMINISTRATION OF PRESCRIPTION MEDICATION FOR ANAPHYLAXIS

THE FOLLOWING REQUEST(S) WILL EXPIRE WHEN ELEMENTARY STUDENT ENTERS SECONDARY.

STUDENTS NAME: _____ **STUDENTS DATE OF BIRTH** _____

NAME OF SCHOOL: _____ **ROUTE No. (AM & PM)** _____

<p>Student Address:</p> <p>Phone Number:</p> <p>Physician's Name:</p> <p>Phone Number:</p> <p>I give permission for the Principal to contact the physician relating to my child's medical condition, if necessary, both for the purposes of accommodating them or protecting them from potential harm.</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>PLACE STUDENT'S PHOTO HERE (MUST BE KEPT CURRENT)</p>	<p>MEDICATION KEPT:</p> <p>With Student Specify location:</p> <p><input type="checkbox"/> In Office</p> <p><input type="checkbox"/> Other:</p> <p><i>The EpiPen® will be returned to the student at the end of each school year.</i></p>
<p><u>THIS STUDENT HAS A LIFE-THREATENING ALLERGY TO THE FOLLOWING:</u></p>		<p>In order to protect your child's safety, we recommend that you provide the office with an EpiPen to use in the event of an emergency and that you also ensure that your child carries a second EpiPen with them at all times.</p> <p>Having two EpiPens available for your child will enable us to treat them as rapidly as possible.</p> <p><input type="checkbox"/> I have provided an EpiPen® for the office.</p> <p><input type="checkbox"/> I have provided an EpiPen® for my child to carry at all times</p> <p><input type="checkbox"/> I have provided a Medic Alert Bracelet and will encourage my child to wear it at all</p> <p><input type="checkbox"/> I have not provided an EpiPen® for my child to carry at all times.</p>

Parent/Guardian Signature: _____ Date: _____

Physician Signature: _____ Date: _____

NAME OF MEDICATION(S):

Epinephrine Auto-Injector Dosage:


- EpiPen Jr. 0.15mg
- EpiPen 0.30 mg
- Allerject 0.15 mg
- Allerject 0.30mg

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE *EDUCATION ACT* AND THE *MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT*. QUESTIONS ABOUT THE COLLECTION AND THE USE OF THIS PERSONAL INFORMATION SHOULD BE DIRECTED TO THE PRIVACY MANAGER - FREEDOM OF INFORMATION, YORK CATHOLIC DISTRICT SCHOOL BOARD, 320 BLOOMINGTON RD. W., AURORA, ONTARIO, L4G 3G8 OR (905) 713-2711.


c.c. Student Transportation Services
Office File


ACTION – EMERGENCY PLAN:

 Use EpiPen® immediately and try to keep child calm

 DESIGNATE SOMEONE TO CALL 911 and advise the dispatcher that a student is having an anaphylactic reaction (a severe life-threatening allergic reaction).

 Call parent or guardian

 If an ambulance has not arrived in 10-15 minutes and breathing difficulties are present (e.g. wheeze, cough, throat clearing), or the student is unconscious, give a second EpiPen®.

 The student must be taken to a hospital immediately, even if symptoms subside entirely.

 Send an additional EpiPen® (if available) with the ambulance driver.

POSSIBLE ANAPHYLACTIC SYMPTOMS:

LIST ADDITIONAL/OTHER SYMPTOMS FOR YOUR CHILD:

flushed face, hives, tingling in the mouth, swelling or itchy lips, tongue, eyes

tightness in throat, chest

difficulty breathing or swallowing, wheezing, coughing, choking

vomiting, nausea, diarrhea, stomach pains

loss of consciousness

fear and/or panic

PARENT INPUT ON EMERGENCY PLAN:

DESCRIPTION OF ALLERGY:

THIS STUDENT HAS A LIFE-THREATENING ALLERGY TO THE FOLLOWING:

**AND ALL FOODS CONTAINING THESE ALLERGENS IN ANY FORM OR AMOUNT,
INCLUDING THE FOLLOWING:**

STRATEGIES (List avoidance/safety rules for your child, if any):

