



ELEMENTARY ADMINISTRATION OF PRESCRIPTION MEDICATION FOR ANAPHYLAXIS

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

STUDENT'S NAME: _____ STUDENT'S DATE OF BIRTH: _____

SCHOOL NAME: _____ ROUTE # (AM&PM): _____

<p>Address _____</p> <p>Phone # _____</p> <p>Physician's Name _____</p> <p>Phone # _____</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 him or her or protecting him or her from potential harm.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>PLACE STUDENT'S PHOTO HERE (MUST BE KEPT CURRENT)</p>	<p>MEDICATION KEPT:</p> <p>With Student <input type="checkbox"/> Specify location:</p> <p>In Office <input type="checkbox"/></p> <p>Other:</p> <p><i>The EpiPen® will be returned to the student at the end of each school year.</i></p>
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<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 him or her at all times. Having two EpiPens available for your child will enable us to treat him or her 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 son/daughter to wear it at all times.</p> <p><input type="checkbox"/> I have not provided an EpiPen® for my child to carry at all times</p>
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<p>Parent/Guardian Signature: _____</p>	<p>Date: _____</p>
<p>Physician Signature: _____</p>	<p>Date: _____</p>
<p>NAME OF MEDICATION(S): _____</p>	<p>Epinephrine Auto-Injector Dosage:</p> <p><input type="checkbox"/> EpiPen Jr. 0.15mg</p> <p><input type="checkbox"/> EpiPen 0.30 mg</p> <p><input type="checkbox"/> Allerject 0.15 mg</p> <p><input type="checkbox"/> Allerject 0.30mg</p>

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

Cont'd. on reverse

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 ambulance has not arrived in 10-15 minutes and breathing difficulties are present (e.g. wheeze, cough, throat clearing), or 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:

- 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

LIST ADDITIONAL/OTHER SYMPTOMS FOR YOUR CHILD:

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PARENT INPUT ON EMERGENCY PLAN:

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DESCRIPTION OF ALLERGY

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

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

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

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