APPENDIX 2

TEMPLATE

DURHAM DISTRICT SCHOOL BOARD

INDIVIDUAL STUDENT ALLERGY MANAGEMENT PLAN

Place student's picture here

Student Name: _____

Date of Birth: _____

School: _____

Teacher: _____

Classroom(s): _____

Grade: _____

ANAPHYLAXIS EMERGENCY PLAN

Place student's picture here

Student Name: _____

Teacher(s) Classroom (s): _____

This student has a life-threatening allergy to the following:

Strict avoidance of the allergen(s) by the student is critical to their well-being. An anaphylactic reaction can proceed quickly and prove fatal within minutes.

Epinephrine Auto-injector(s)		**MedicAlert® Identification**
☐ **EpiPen Jr® 0.15mg**	☐ **EpiPen® 0.30mg**	☐ **Yes** ☐ **No**
☐ **Allerject ™ 0.15mg**	☐ **Allerject ™ 0.30mg**	

Location(s) of Auto-injector(s): _____

☐ **Asthmatic**: Student is at greater risk. If student is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication

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

- **A person having an anaphylactic reaction might have ANY of these signs and symptoms: Think F.A.S.T.**

Face: itchiness, redness, rash, swelling of face and tongue
Airway: trouble breathing, swallowing or speaking
Stomach: stomach pain, vomiting, diarrhea
Total Body: rash, itchiness, swelling, weakness, paleness, sense of doom, loss of consciousness

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

1. **Administer epinephrine** auto-injector at the first sign of a reaction occurring in conjunction with a known or suspected contact with an allergen. Give second dose in 10-15 minutes or sooner **IF** the reaction continues or worsens.
2. **Call 911**. Tell them someone is having a serious allergic reaction/anaphylactic.
3. **Transport to hospital** by ambulance even if symptoms are mild or have stopped.
4. **Call the parent(s)/guardian(s)/emergency contact**.

PHYSICIAN INSTRUCTIONS

Student Name: **Parent(s)/Guardian(s) Name:**

Address: Street **City** **Postal Code**

1) Does this patient have a known predisposition to anaphylaxis?_____

2) What medication is to be administered in the event of an anaphylactic reaction?
_____

Name of Medication _____ **Dose or amount to be given:** _____ **Total doses or times per event:** _____

Additional Instructions:

_____ _____

Prescribing Physician Name: **Signature:**

_____

Date:

Address: Street **City** **Postal Code** **Phone Number**

PRE-AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

I hereby pre-authorize and give permission for, _____
Name of School

to administer medication to my child in the event of an anaphylactic reaction, according to the Board's policies and procedures and the physician's prescription and instructions as described within this individual student plan.

_____

Parent(s)/Guardian(s) Signature **Date**

_____

Student's Signature **Date**

Student Name: _____

Type of Allergy and Details for Informing Employees	_____ _____ _____
Monitoring Strategies	_____ _____ _____
Avoidance Strategies	_____ _____ _____
Appropriate Treatment	_____ _____ _____
Emergency Procedure	_____ _____ _____

Location of student's additional epinephrine auto-injector(s):

Expiry Date(s) for epinephrine auto-injectors:

Monitoring Schedule (Checking auto-injector in student's possession):

□ Once per term □ Once per semester

□ Dates of Monitoring Check: _____

□ Person Monitoring: _____

Student Name:_____

Contingencies for Excursions:
(Including but not limited to: field trips, off-site sporting events etc.)

☐ Establishing parent/designate who may stay with student
☐ Ensuring at least two (2) epinephrine auto-injectors are available
☐ Ensuring that staff has immediate access to a telephone/cell phone
☐ Other:

Emergency Contact Information:

Name	Relationship	Home Phone	Work Phone	Cell Phone

Parent(s)/Guardian(s) Signature Date

Student's Signature Date

Principal/Designate Signature Date

NOTE: THIS PLAN MUST BE REVIEWED BY THE PARENT AND PRINCIPAL BY JUNE 30TH OF EACH YEAR. UPDATED PHYSICIAN NOTES ARE ONLY REQUIRED IF THE INSTRUCTIONS FOR TREATMENT HAVE CHANGED.