

# Anaphylaxis Action Form - Secondary School Student

Date developed \_\_\_\_\_

Date to be reviewed: \_\_\_\_\_

Student's Picture (Optional)	Student's Name: _____  Parent/Guardians: _____  Daytime Phone #: _____  Emergency Contact: _____  Daytime Phone #: _____  Physician Name: _____	Date of Birth: _____ (Y/M/D)	Female: <input type="checkbox"/> Male: <input type="checkbox"/>  <b>Allergen: Do not include antibiotics or other drugs</b> <input type="checkbox"/> Peanuts <input type="checkbox"/> Nuts <input type="checkbox"/> Dairy <input type="checkbox"/> Insects <input type="checkbox"/> Latex  other: _____  <b>Additional Information</b> (Parents complete)
<b>Anaphylaxis Prevention Strategies</b>		<b>Symptoms: ✓ All That Apply</b> (Parents complete) <input type="checkbox"/> swelling (eyes, lips, face, tongue) <input type="checkbox"/> coughing <input type="checkbox"/> difficulty breathing or swallowing <input type="checkbox"/> choking <input type="checkbox"/> cold, clammy sweating skin <input type="checkbox"/> wheezing <input type="checkbox"/> flushed face or body <input type="checkbox"/> voice changes <input type="checkbox"/> fainting or loss of consciousness <input type="checkbox"/> vomiting <input type="checkbox"/> dizziness or confusion <input type="checkbox"/> diarrhea <input type="checkbox"/> stomach cramps <input type="checkbox"/> other _____ *symptoms may vary depending on the reaction	
<b><u>Parent/Student Responsibilities</u></b> <ul style="list-style-type: none"> <li>Inform teacher of allergy, emergency treatment and location of both EpiPens</li> <li>Know anaphylaxis risks and take measures to prevent anaphylaxis</li> <li>Discuss appropriate location of both EpiPens with teacher/principal</li> <li>Ensure student keeps EpiPen in a close location at all times, NOT in locker</li> <li>Ensure EpiPens are taken on field trips</li> <li>Ensure student wears Medic Alert bracelet or necklet</li> </ul> For students with food allergies: <ul style="list-style-type: none"> <li>Ensure student knows to eat only food and drinks brought from home</li> <li>Encourage washing of the student's desk and/or writing surface with soapy water prior to the student using the desk</li> </ul>		<b><u>Emergency Protocol:</u></b> <ul style="list-style-type: none"> <li>Administer EpiPen</li> <li>Call 911 request an Advanced Life Support Ambulance</li> <li>Notify Parent/Guardian</li> <li>Administer second EpiPen in 10 minutes if no improvement in symptoms</li> <li>Have ambulance transport to hospital</li> </ul> Can student self-administer EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No  EpiPen #1 location: _____  EpiPen #2 location: _____	
<b><u>Teacher/Coach/Supervising Adult Responsibilities</u></b> <ul style="list-style-type: none"> <li>In consultation with parent/student/Public Health Nurse, provide "allergy awareness" education for classmates</li> <li>Inform teacher on-call of student with anaphylaxis, emergency treatment and location of both EpiPens</li> <li>Take EpiPens, a copy of this Anaphylaxis Action Form and a cell phone. Be aware of anaphylaxis exposure risk (food, latex and insect allergies).</li> <li>Inform supervising adults of student with anaphylaxis and emergency treatment.</li> </ul>			