Hamilton-Wentworth Catholic District School Board

PREVALENT MEDICAL CONDITION — ALLERGY/ ANAPHYLAXIS PLAN OF CARE

STUDENT INFORMATION		
Student Name	Date of Birth	**Colour** Student Photo
Grade	Teacher(s)	

EMERGENCY CONTACTS (LIST IN PRIORITY)			
NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

KNOWN LIFE-THREATENING TRIGGERS		
CHECK (✓) THE APPROPRIATE BOXES		
❒ Food(s):		❒ Insect Stings:
❒ Other:		
Epinephrine Auto-Injector(s) Expiry Date (s): **Expired Medication will be sent home.**		
Dosage: ❒ EpiPen® Jr. 0.15 mg	❒ EpiPen® 0.30 mg	
Medication Location #1:		Medication Location #2:
❒ Previous anaphylactic reaction: **Student is at greater risk.**		
❒ Has asthma. **Student is at greater risk**. If student is having a reaction and has difficulty breathing, give epinephrine before asthma medication.		
❒ Any other medical conditions or allergies?		

DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT	
SYMPTOMS: A student having an anaphylactic reaction might have any of these signs and symptoms:	
	Skin system: hives, swelling (face, lips, tongue), itching, warmth, redness.
	Respiratory system (breathing): coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing.
	Gastrointestinal system (stomach): nausea, vomiting, diarrhea, pain or cramps.
	Cardiovascular system (heart): paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock.
	Other: anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste.

EARLY RECOGNITION OF SYMPTOMS AND IMMEDIATE TREATMENT COULD SAVE A PERSON'S LIFE.
Food Allergen(s): eating even a small amount of a certain food can cause a severe allergic reaction.
Food(s) to be avoided:
Safety measures:
Insect Stings: (Risk of insect stings is higher in warmer months. Avoid areas where stinging insects nest or congregate. Destroy or remove nests, cover or move trash cans, keep food indoors.)
Designated eating area inside school building
Safety measures:
Other information:
EMERGENCY PROCEDURES (DEALING WITH AN ANAPHYLACTIC REACTION)
STEPS
1. Give epinephrine auto-injector (e.g. EpiPen®) at the first sign of known or suspected anaphylactic reaction.
2. Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine as early as five (5) minutes after the first dose if there is no improvement in symptoms.
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 treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 — 6 hours).
5. Call emergency contact person; e.g. Parent(s)/Guardian(s).
6.
7.
8.
9.
10.

Refer to Appendix P for the Board Policy concerning Allergic Reactions (Anaphylaxis Awareness)

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)	
Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.	
Healthcare Provider's Name:	
Profession/Role:	
Signature:	Date:
Special Instructions/Notes/Prescription Labels:	
If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects on the physician/nurse practitioner Authorization Form. ✸This information may remain on file if there are no changes to the student's medical condition.	

AUTHORIZATION/PLAN REVIEW			
INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED			
		Yes (Please Initial for each)	No (Please Initial for each)
We, the Parents/Guardians/Adult Student consent to the carrying of an epinephrine auto-injector on her/his person.			
We, the Parents/Guardians/Adult Student consent to the self-administration of medication.			
We, the Parents/Guardians/Adult Student consent to the administration of medication.			
We, the Parents/Guardians/ Adult Student request the posting of this Individual Plan of Care, including recent colour photo in the:	School Staff Room		
	School Main Office		
We, the Parents/Guardians/Adult Student request the sharing of this plan with individuals which include, but are not limited to classroom teachers, occasional teachers, itinerant teachers, educational assistants, coaches, other school staff, volunteers, and school bus drivers.			
We, the Parents/Guardians/ Adult Student request the sharing of information on signs and symptoms of anaphylaxis specific to the needs outlined in this Plan of Care with students in the classroom.			
We, the Parents/Guardians/ Adult Student request the sharing of information on signs and symptoms of anaphylaxis specific to the needs outlined in this Plan of Care through a letter home to families of students in the classroom.			

TRANSPORTATION	
School Bus Driver/Route # (If Applicable)	□ New Plan of Care □Updated Plan of Care

This plan remains in effect for the 20___— 20___ school year without change and will be reviewed on or before: _____. (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year).

Parent(s)/Guardian(s) Signature:	Date:
Adult Student Signature:	Date:
Principal Signature:	Date: