

## MEDICAL ALERT INFO & CARE PLAN (Allergies/Anaphylaxis)

*To be completed when the school agrees with the parental request to administer medication. To be reviewed annually. A new form must be completed if medication changes. This form is to be filed at the school.*

A. To be completed by the parent			
Student Name (Last Name, First Name)	D.O.B. (dd/month/year)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Student #
Address	City/ Province	Postal Code	Personal Health Card #
Student Home Phone #	MedicAlert® I.D. <input type="checkbox"/> Yes <input type="checkbox"/> No	Teacher	Grade Div Classroom #
Name of Father	Home Phone #	Business #	
Name of Mother	Home Phone #	Business #	
Name of Guardian	Home Phone #	Business #	
Emergency Contact Person	Relationship to Student	Phone #	
Alternate Contact Person	Relationship to Student	Phone #	
B. To be completed by the attending physician / family doctor			
For medication which MUST be taken during school hours or during school sponsored events (Instructions re storage of medication for refrigeration) <b>If more than 1 medication, please see reverse for more space.</b>			
Allergy Description: <input type="checkbox"/> Food: Food(s) Allergic to: _____ <input type="checkbox"/> Insect Sting (specify): _____ <input type="checkbox"/> Other: _____			
Symptoms to Watch For: (Please check) <input type="checkbox"/> itchy eyes, nose, face, body <input type="checkbox"/> flushing/redness/warmth of face and body <input type="checkbox"/> swelling of eyes, face, lips, tongue and throat (throat tightness), trouble swallowing <input type="checkbox"/> nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing) <input type="checkbox"/> cough, hoarse voice, inability to breathe <input type="checkbox"/> hives/rash <input type="checkbox"/> headache, nausea, pain/cramps, vomiting, diarrhoea, uterine cramps in females <input type="checkbox"/> wheezing, shortness of breath, chest pain/tightness <input type="checkbox"/> anxiety, a feeling of foreboding, fear, and apprehension <input type="checkbox"/> weakness and dizziness/light-headedness, pale blue colour, weak pulse, shock <input type="checkbox"/> loss of consciousness, coma <input type="checkbox"/> Other: _____			
Name of Medication: <input type="checkbox"/> EpiPen® auto-injector <input type="checkbox"/> Other: _____			Expiry Date:
Reason for Medication:			
Method of Administration (Dosage, time of administration):			Self Administered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Instructions:			
What is the impact of a missed dose?			
Name of Physician (please print)	Signature of Physician	Date	Phone #



**MEDICAL ALERT INFO & CARE PLAN**  
(Allergies/Anaphylaxis)

**TO BE COMPLETED BY SCHOOL**

**E. To be completed by the principal or designate**

Staff designated to supervise/administer medication

Alternate(s)

Location of Medication in the School

\_\_\_\_\_  
Name of Principal or Designate (please print)

\_\_\_\_\_  
Signature of Principal or Designate

\_\_\_\_\_  
Date

**F. Training Documentation**

Date of Training / Review	Name of Trainer

**G. Procedures to deal with a problem: - Allergies / Anaphylaxis**

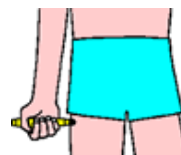
If you see symptoms of a severe allergic reaction or know that a child has eaten something they are allergic to:

1. **Administer the EpiPen®** – Don't hesitate. It can be life saving.

i. Pull off grey safety cap



ii. Push black tip into outer thigh  
If necessary may be done through light or single layer of clothing (no thicker than jeans)



iii. Listen for a "Click". Hold for 10 seconds. Remove and

discard.

iv. **If symptoms persist or recur**, a second dose can be administered in 10 to 20 minutes. (maximum 3 doses).

2. **Have someone call 911.** Tell them that a student has had an anaphylactic reaction.

Give them: Name and address of school (use 911 protocol).

3. The student should rest quietly. **DO NOT SEND THE CHILD TO THE OFFICE.**

4. Help the student to remain calm and to breathe normally. **An adult must stay with the student.**

5. Call the parents/guardians/emergency contact.

6. Observe and monitor the student until the ambulance arrives.