



# Langley Christian School Anaphylactic Student Emergency Procedure Plan

<b>Emergency Protocol</b> <hr/> <hr/> <hr/> <hr/>	<b>Emergency Medication</b>  <b>NOTE: Emergency medication must be a single-dose auto-injector for school setting. Oral antihistamines will not be administered by school personnel.</b>  Name of emergency medication: _____  Dosage: _____  <hr/> <div style="display: flex; justify-content: space-between;"> <span>Physician Signature</span> <span>Date (Y/M/D)</span> </div>
<b>Parent/Guardian please complete</b>	
Discussed and reviewed Anaphylaxis Responsibility Checklist with principal?..... <input type="checkbox"/> yes <input type="checkbox"/> no Two auto-injectors provided to school?..... <input type="checkbox"/> yes <input type="checkbox"/> no Student aware of how to administer?..... <input type="checkbox"/> yes <input type="checkbox"/> no  Auto-injector locations: _____	
<p>Your child's personal information is collected under the authority of the <i>Independent School Act</i> and the <i>Freedom of Information and Protection of Privacy Act</i>. The Board of Education may use your child's personal information for the purposes of:</p> <ul style="list-style-type: none"> <li>Health, safety, treatment and protection</li> <li>Emergency care and response</li> </ul> <p>If you have any questions about the collection of your child's personal information, please contact the school principal directly. By signing this form, you give your consent to Langley Christian School to disclose your child's personal information to school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (as outlined in the <i>BC Anaphylaxis Protection Order</i>) for the above purposes. This consent is valid and in effect until it is revoked in writing by you.</p>	
<hr/> Parent/Guardian Signature	<hr/> Date (Y/M/D)
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