My child has a Life Threatening Allergy and needs to carry Emergency Medication.

What do I do?

This question can cause concern for parents/legal guardians, children and school staff. Children with allergies often need "Emergency" medications close by at all times. Parents/legal guardians, School Staff and Public Health Nurses (PHNs) will work together to prepare an Anaphylactic Student Emergency Plan, to provide the best possible care for your child.

You must:

- Complete the attached Anaphylactic Student Emergency Plan. (You are responsible for paying any fees for completing the form).
- Complete the attached "Request for Administration of Medication at School" form. (You are responsible for paying any fees for completing the form).
- Medication will not be administered at school until consent forms are completed and brought back to the school.
- Provide all emergency medications needed. It is preferred that medications remain at the school. If this is not possible, parents are responsible for sending medications with the child each day.
- Make sure that emergency medications are replaced before they expire. Both EpiPen and Twinject have a free reminder service to help you keep track of the expiry date. Register EpiPens at www.epipen.ca. Register Twinjects at www.twinject.ca.

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You should also:

- Work with the staff and the Public Health Nurse to make sure that the Anaphylactic Student Emergency Plan meets your child's medical needs.

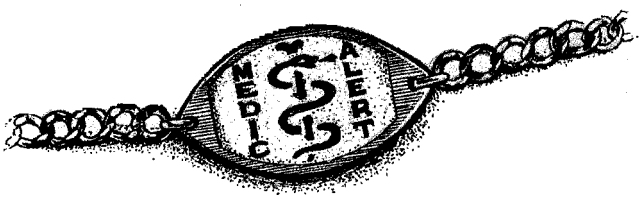
- Always tell the staff about any changes in your child's health or medical needs.

    - Teach your child about his/her allergy:

        - What things cause the allergy?
        - What things to stay away from.
        - How it feels when it starts. (e.g. watery eyes, scratchy throat)
        - When to tell an adult about the symptoms.
        - How to ask for help.

- If your child has a food allergy, teach her/him to never accept snacks or other food that was not sent from home.

- Have your child wear a Medical Alert bracelet or necklace.



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Dear Parent/Legal Guardian:

You have indicated to the school that your child _____ has been diagnosed as anaphylactic. The following information is a guide to assist you in gathering the information the school needs to develop and individual care plan for your child.

My child has a Life Threatening Allergy and needs to carry Emergency Medication.
What do I do?

This question can cause concern for parents/legal guardians, children and school staff. Children with allergies often need "Emergency" medications close by at all times. Parents/legal guardians, the student's physician, school staff and Public Health Nurses (PHNs) will work together to prepare an Anaphylactic Student Emergency Plan, to provide the best possible care for your child.

You must:

- Complete the attached Anaphylactic Student Emergency Plan. (You are responsible for paying any fees for completing the form).
- Complete the attached "Request for Administration of Medication at School" form. (You are responsible for paying any fees for completing the form). **NOTE:** Medication **will not** be administered at school until consent forms are completed and brought back to the school.
- Provide all emergency medications needed. It is preferred that medications remain at the school. If this is not possible, parents are responsible for sending medications with the child each day.
- Make sure that emergency medications are replaced before they expire. Both EpiPen and Twinject have a free reminder service to help you keep track of the expiry date. Register EpiPens at www.epipen.ca. Register Twinjects at www.twinject.ca.
- Assist in school initiatives for reducing risk to your child.
- Provide a list of foods or other allergens to avoid.
- Be willing to provide safe foods for special occasions.

You should also:

- Work with the staff and the PHN to make sure that the Anaphylactic Student Emergency Plan meets your child's medical needs.
- Always tell the staff about any changes in your child's health or medical needs.
- Teach your child:
  - To recognize the first symptoms of an anaphylactic reaction.
  - Ensure your child knows where medication is kept, and who can get it.
  - To communicate clearly to school staff when he/she feels a reaction starting.
  - If child is mature enough, they should carry an injector in a fanny pack with them.
  - To cope with teasing and being left out.
- If your child has a food allergy, teach her/him to never accept snacks or other food that was not sent from home.
- Have your child wear a Medical Alert bracelet or necklace.

In order for the school to implement a specific plan to make the school as safe as practicable for your child, we have enclosed forms with this letter that we need you to complete and return to the school as soon as possible.

Please contact me here at the school if you have any questions. The best time to call me is on (days of week) at (give preferred times).

Sincerely,

Principal

ANAPHYLACTIC STUDENT EMERGENCY PROCEDURE PLAN

Student Name: _____ Grade: _____ Division: _____ Date of Birth _____ (Y/M/D) Male ☐ Female ☐

Student's Picture (Optional)

Physician to Complete:

Physician Name: _____ Office Phone: _____

This student has a potentially life-threatening allergy (anaphylaxis) to:

☐ Peanut ☐ Tree nuts ☐ Sesame Seeds ☐ Sea food ☐ Egg ☐ Milk ☐ Medication: _____
☐ Insect Stings ☐ Latex ☐ Other: _____

This student is know to exhibit all or some of these signs and symptoms during an anaphylactic reaction:

☐ Swelling (eyes, lips, face, tongue) ☐ Coughing ☐ Choking ☐ Wheezing ☐ Difficulty Swallowing
☐ Throat tightness ☐ Difficulty breathing ☐ Nausea ☐ Stomach pain/cramps ☐ Vomiting ☐ Diarrhea
☐ Flushed face or body ☐ Hives/rash ☐ Fainting ☐ Dizziness ☐ Confusion ☐ Pale/cool/clammy skin
☐ Weak pulse ☐ Other:_____

EMERGENCY PROCEDURES:

1. **Administer epinephrine auto-injector** (e.g. EpiPen® or Twinject®) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen.
2. **Call 9-1-1**. Request and ambulance for a person that is having a life-threatening allergic reaction. Stay on the phone until told to hang up by the 9-1-1 Operator.
3. **Have the person taken to the hospital by ambulance** even if the symptoms are mild or have stopped. Have a staff member accompany the student to the hospital in the ambulance.
4. **Contact the Parent/Guardian** and inform them of what has happened and what hospital the student was taken to.

Location of Spare Medication:
The spare epinephrine auto-injector is stored in:
Room:_____
Location within Room:

_____

Additional information on this student's medical condition/emergency procedures:

Medication Name: _____ Dose: _____

Physician Signature: _____ Date: _____

Emergency Contact Information:

Name:_____ Relationship: _____ Daytime Phone: _____ Cell: _____

Name:_____ Relationship: _____ Daytime Phone: _____ Cell: _____

Request for Administration of Medication Form on file: ☐ Yes ☐ No	Parent/Legal Guardian Initial: _____	Principal Initial: _____	Date to be reviewed: _____

Parent/Guardian Please Complete:

Discussed and reviewed Anaphylaxis Responsibility Checklist with principal? …… yes ☐ no ☐
Two auto-injectors provided for school use (if prescribed by physician)? ……. yes ☐ no ☐
Student is capable of self-administration of auto-injector? ……..... yes ☐ no ☐
Student will keep one auto-injector on their person at all times? …… yes ☐ no ☐
I acknowledge that the school will store the spare auto-injector in the following location:

_____

I am aware that the school is not responsible for providing medical information or access to medication for childcare or other activities that may occur in or on the school property, but are not run by the School District. … yes ☐ no ☐

Personal information on this form is collected by **LCS** for the purpose of providing emergency care for your child and for administering the anaphylaxis program. Personal information on this form is collected and will be protected in accordance with the Freedom of Information and Protection of Privacy Act.

If you have any questions or concerns about the collection of your child's personal information, please contact the school Principal directly. By signing this form, you give consent to the Board of Education to disclose your child's personal information to:

- ☐ first aid attendants
- ☐ office staff
- ☐ teaching staff
- ☐ special education assistants
- ☐ itinerant staff working with student
- ☐ noon supervisor
- ☐ school bus driver(s)
- ☐ school bus dispatcher
- ☐ custodial staff
- ☐ volunteers who may have care and control of your child
- ☐ Others as follows _____

This consent is valid and in effect until it is revoked in writing by you.

_____ _____
Parent/Legal Guardian Signature Date

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REQUEST FOR ADMINISTRATION OF MEDICATION

NOTE: **No medication will be administered until this form is completed and returned to the school.**

A. This section is to be completed by a parent or legal guardian.

Student's Name: _____ School: _____

Birth date: _____ Grade: ____ Address: _____

Parent or Legal Guardian: _____

Phone - Home: _____ Bus.: _____ Cell: _____

Emergency contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Prescribing Physician: _____ Phone: _____

B. Medication Required

Name of Medication	Dosage	Directions for Use	Medical Condition
1)			
2)			
3)			

C. I request that staff administer medication as prescribed on this form to my child:

_____
(Student's Name)

- I agree to supply the medication to the school in the **original container** with my child's name and the pharmacist's direction for use, including dosage.
- If changes occur I will contact the school and provide revised written instructions from a physician or pharmacist. I am aware I am required to update this information each September or sooner if required.
- I am aware that the Public Health Nurse for the school will be informed of my child's condition and medication and that the nurse may contact me as necessary.
- I am aware that staff working with my child may need to know of my child's condition and of the medication required
- I hereby give permission for my child's medical condition and required medication to be shared with relevant staff as required. Upon request, the Principal will provide the names of staff members that have been informed of my child's condition.

_____ _____

Date Signature of Parent or Legal Guardian