



# Rainy River District Transportation Services Consortium

## Anaphylactic Action Plan- F02

Name of student: \_\_\_\_\_

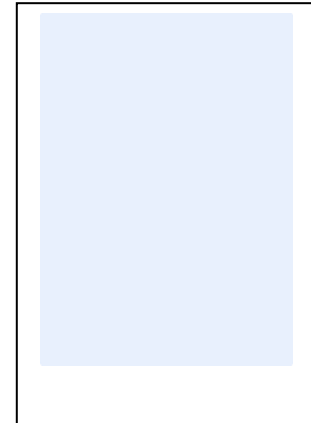
Teacher: \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_ Grade: \_\_\_\_\_

Location of EpiPen® on Student: \_\_\_\_\_

Pick-up and Drop-off Bus Route: (If student is Transported)  
\_\_\_\_\_

Transportation Address:  
\_\_\_\_\_



**ALLERGIES:** Anaphylactic reaction (life-threatening) to (specify)

**SYMPTOMS:** An anaphylactic reaction can begin within seconds of exposure or after several hours.

Any combination of the following symptoms may signal the onset of a reaction.

Please indicate symptoms to watch for:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Hives   | <input type="checkbox"/> Vomiting                                   | <input type="checkbox"/> Throat Tightness or closing       |
| <input type="checkbox"/> Itching(on any part of the body)                                  | <input type="checkbox"/> Diarrhea                                   | <input type="checkbox"/> Difficulty Swallowing             |
| <input type="checkbox"/> Swelling( of any body part, especially, eyes, lips, face, tongue) | <input type="checkbox"/> Stomach Cramps                             | <input type="checkbox"/> Difficulty Breathing              |
|  | <input type="checkbox"/> Change of voice                            | <input type="checkbox"/> Sense of doom                     |
|  | <input type="checkbox"/> Coughing(could sound like throat clearing) | <input type="checkbox"/> Dizziness                         |
| <input type="checkbox"/> Red watery eyes   | <input type="checkbox"/> Wheezing                                   | <input type="checkbox"/> Fainting or loss of consciousness |
| <input type="checkbox"/> Runny Nose  |   | <input type="checkbox"/> Change of colour                  |

Other: \_\_\_\_\_

### WARNING:

- Symptoms do not always occur in the same order or intensity, even in the same individuals.
- Time from onset of first symptoms to death can be as little as a few minutes if the reaction is not treated.
- Even when symptoms have subsided after initial treatment, they can return as much as eight hours after exposure.

### GENERAL COURSE OF ACTION: Administer Medication and Call Ambulance even if parents cannot be reached.

If there is **ANY** suspicion that the student may have been exposed to his/her life-threatening allergies or is displaying any of the above symptoms.

- Use EpiPen® IMMEDIATELY – Storage Locations: \_\_\_\_\_ And \_\_\_\_\_
- It's highly recommended that each student carry an EpiPen® at all times, with back-up kept in the office or accessible location.
- The student should rest quietly.
- Send a runner to immediately notify the principal or designate to call 911 and have EpiPen® (if **NOT** carried by the student) delivered to the room immediately by an adult.
- **Do not send the student to the office.** (Time is of the essence and supervision essential.)
- The student must be transported immediately to the hospital with extra EpiPen® to be administered approximately 10/15 minutes later if needed (a maximum of three EpiPen® doses).
- Monitor the student until the ambulance arrives.
- Have the student ready to go.
- Call parents/guardians:

Mother: \_\_\_\_\_ Or Father \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE SCHOOL PRINCIPAL. (ORIGINAL SIGNATURES)**



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**Specific Course of action:** (To be completed by Allergist/Physician)

Tastes or ingests allergic substance: \_\_\_\_\_  
Skin contact with allergen: \_\_\_\_\_  
Smells an allergen substance: \_\_\_\_\_  
Other: \_\_\_\_\_  
Instructions Re Ambulance: \_\_\_\_\_

**Signatures of Allergist/Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PARENTAL RESPONSIBILITY:

It is the responsibility of the parent(s)/guardian(s):

- To inform the principal of a pupil’s medical needs if medication will be required during school hours;
- To request assistance of the school and discuss procedures that may be required;
- To ensure that accurate and up-to-date telephone contacts are available to the school;
- To submit a completed Emergency Use of EpiPen® auto-injector and Anaphylactic Action Plan to the principal of the school.

### PARENTAL AUTHORIZATION:

I/We authorize the posting of our child’s picture in the school for the purpose of this action plan. I/We further authorize the staff of our child’s school to administer to our child the following medication:

In our absence and in the manner described above. A staff member may also accompany my child during transport.

**Signature of parent/ guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Personal information on this form is collected under the authority of the Education Act and will only be used to record a student’s life-threatening allergies and to develop an Anaphylactic Action Plan. Should you wish to review this information, please contact the principal of the school.

**Note:** No medication may be left at school without authorization.

**A COPY OF THIS FORM MUST BE KEPT WITH THE EPIPEN® AND IN THE STUDENT’S CLASSROOMS, THE LUNCHROOM, AND IN OTHER CENTRAL LOCATIONS WHERE INFORMATION REGARDING ANAPHYLATIC STUDENTS IS AVAILABLE.**

**Share this completed form with all of the student’s teachers and (if the student is transported) with the Rainy River District Transportation Services Consortium (transportation staff will forward copies to school bus operators). Place a copy in the student’s OSR folder.**

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