

Appendix 1
Authorization for Storage and Administration of
Prescribed Medication – Anaphylactic Reactions

Part I: To be completed by attending physician
Please type or print

Student's Name: _____ Date of Birth _____ \ _____ \ _____
M D Y

Address: _____

Medication Prescribed	Method of Administration	Dosage	Time
_____	_____	_____	_____

Circumstances under which the medication is to be given

Possible side effects of medication

Action to be taken should reaction occur

Additional instructions (e.g. storage of medication, etc.)

Expected date of discontinuation of medication

- In the event that the medication involves the administration of the EPI-PEN follow these steps:
- Pull off the safety cap.
 - Place the black tip on the outer thigh at right angles to the surface of the thigh.
 - Press hard into the thigh until you hear or feel the injector mechanism function. Hold the injector in place for 10 seconds.

Physician's Name: _____ Telephone #: _____

Address: _____

Physician's Signature: _____ Date: _____

Appendix 2

Authorization for Storage and Administration of Prescribed Medication Anaphylactic Reactions

Part II: To be completed by Parent/Guardian Please type or print

This is to authorize the administration of the medication(s) prescribed as mentioned by the attending physician for:

Student's Name: _____ Date of Birth: _____ \ _____ \ _____
M D Y

Medic Alert I.D. Yes _____ No _____

Emergency Contact: _____ Telephone #: _____

Relationship to Student: _____

As the parent/guardian I accept responsibility for:

- Providing the medication(s) in the pharmacy dispensed container(s) that includes
 - o name and address of pharmacy
 - o name of the student
 - o name of the prescribing physician
 - o dosage
 - o frequency and method of administration
 - o name of medication
 - o date the prescription was filled
- Teaching my daughter:
 - o to recognize the first signs of an anaphylactic reaction;
 - o to know where their medication is kept and who can get it;
 - o to communicate clearly when she feels a reaction starting;
 - o to carry her own auto-injector on her person (e.g. fanny pack);
 - o not to share snacks, lunch or drinks;
 - o to understand the importance of hand washing;
 - o to cope with teasing and being left out;
 - o to report bullying and threats to an adult in authority; and
 - o to take as much responsibility as possible for her own safety

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Print): _____

Appendix 3

Consent for Medical Treatment – Anaphylactic Reactions

**To be completed by Parent/Guardian
(Please type or print)**

I hereby consent to the administration of any medical treatment deemed by a qualified medical practitioner to be necessary for the health and welfare of my daughter, including the administration of an anesthetic, and the performance of any necessary operation.

I agree to leave the nature and extent of the medical treatment, anesthetic, and operation to the discretion of the surgeon.

DATED at _____, this _____ day of _____
City Month Year

Student Medical Information

Student Name _____

M.H.S.C. # _____

P.H.I.N. # _____

Parent/Guardian Signature _____

Parent/Guardian Name (print) _____

Appendix 4

Student Profile – Anaphylaxis Emergency Response Procedures

**To be completed by Parent/Guardian
(Please type or print**

Student's Name: _____

Date of Birth: _____ \ _____ \ _____
M D Y

Homeroom Teacher: _____

Homeroom: _____

M.H.S.C. # _____

P.H.I.N. # _____

Student's Allergies:

Recent Photo of Student

Specific Instructions:

R.E.A.C.T.

R. Recognize Anaphylactic Symptoms:

E. Emergency Services

- Call 9-1-1

A. Administer Epinephrine:

- Get EPI-PEN from _____
- Lay student down.
- Administer EPI-PEN in thigh as per physician guidelines.

C. Comfort:

- Keep student warm and comfortable.
- Maintain open airway and circulation.
- Reassure and remain with student until emergency response team arrives.
-

T. Telephone

- Parent/Guardian: _____ Telephone #: _____

Or

- Emergency Contact: _____ Telephone #: _____

Appendix 8

Responsibilities of the Parents/Guardians of a student with a life-threatening allergy

- Identify daughter's allergies and needs, in writing, to the principal.
- Ensure that the daughter has and carries an up-to-date auto-injector or the auto-injector is in a specified location.
- Ensure that the daughter has and wears a medical identification bracelet.
- Submit all necessary documentation as required.
- Provide the school with adrenaline auto-injectors (pre-expiry date).
- Ensure that auto-injectors are taken on field trips.
- Provide support to the school and staff as required.
- Teach the daughter:
 - to recognize the first signs of an anaphylactic reaction.
 - to know where the medication is kept and who can get it.
 - to communicate clearly when she feels a reaction starting.
 - to carry her own auto-injector on her person (e.g. fanny pack).
 - not to share snacks, lunch or drinks.
 - to understand the importance of hand washing.
 - to cope with teasing and being left out.
 - to report bullying and threats to an adult in authority.
 - to take as much responsibility as possible for her own safety.

Responsibilities of the student with a life-threatening allergy

- Take as much responsibility as possible for avoiding allergens, including checking labels and monitoring intake.
- Learn to recognize symptoms of an anaphylactic reaction.
- Promptly inform an adult, as soon as accidental exposure occurs or symptoms appear.
- Wear a medical identification bracelet.
- Keep an auto-injector on their person at all times (e.g. fanny pack).
- Know how to use the auto-injector.

Responsibilities of the Principal

- Work as closely as possible with the parents/guardians of the student with known risk of anaphylaxis.
- Ensure that the parents/guardians have completed all the necessary forms.
- Notify faculty and staff of the student with known risk of anaphylaxis, the allergens and the treatment and seek their support in reducing the potential risk to a student.
- Maintain up-to-date emergency contacts and telephone numbers.
- Ensure that all substitute teachers are informed of the presence of a student with known risk of anaphylaxis, and that appropriate support/response is available should an emergency occur.
- Arrange an annual in-service through the Public Health Nurse to train faculty and staff and monitor personnel involved with the student with life-threatening allergies.
- Ensure that safe procedures are developed for field trips and extra-curricular activities.
- Prepare home communication to all families within the school community in relation to a student with a life threatening allergy outlining the need for appropriate action.

Responsibilities of the Teacher/Staff

- Discuss anaphylaxis with the class.
- Encourage students not to share lunches or trade snacks.
- Facilitate communication with other parents as needed.
- Plan appropriately for field trips.