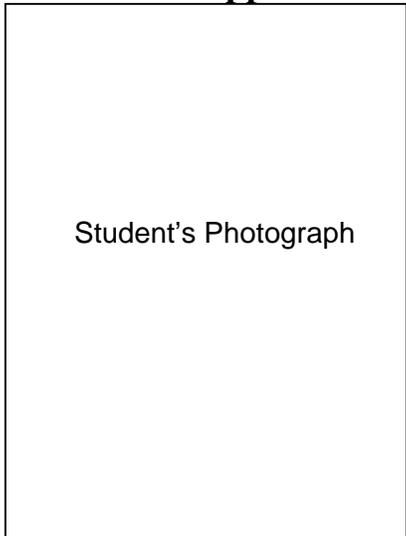


FORM B **Allergy Alert Emergency Plan** (Epi-pen® Only)

Name of Student: \_\_\_\_\_ School Year: \_\_\_\_\_  
Teacher/Home Form: \_\_\_\_\_ Grade: \_\_\_\_\_  
Location of Epi-pens: \_\_\_\_\_  
(It is an expectation that students carry one Epi-pen® with them at all times)



**ALLERGY DESCRIPTION:** This child has an **anaphylactic reaction** (**life-threatening**) to (specify allergen):  
\_\_\_\_\_  
\_\_\_\_\_

This personal information is being collected, used and disclosed to school staff and volunteers in accordance with the *Personal Health Information Protection Act, Municipal Freedom of Information and Protection of Privacy Act, Education Act and Sabrina's Law, 2005*, for the purpose of addressing the student's allergy.

**POSSIBLE SYMPTOMS:** An anaphylactic reaction can begin within seconds of exposure or after several hours. The following are possible symptoms to watch for:

- **Flushed face, hives, swelling or itchy lips, tongue, eyes**
- **Difficulty breathing or swallowing, wheezing, coughing, choking**
- **Vomiting, nausea, diarrhea, stomach pains**
- **Dizziness, unsteadiness, sudden fatigue, rapid heartbeat**
- **Tightness in throat, mouth, chest**
- **Loss of consciousness**

**ACTION-EMERGENCY PLAN:** If there is ANY suspicion that the student has been exposed to life-threatening allergens or is displaying any of the above symptoms:

- **Administer the Epi-Pen® immediately and note the time**
  1. **Pull off the grey safety cap**
  2. **Grasp the shaft of the pen-not the end of the device**
  3. **Press the black-tipped end of the auto-injector against the student's upper thigh applying moderate pressure and listen for a click which indicates the device has been activated**
  4. **Keep pressed against thigh and hold for a count of 10 (e.g., one-one thousand, two-one thousand etc.). Remove the pen with caution as the needle is now exposed**
  5. **Keep the child calm**
- **CALL 911- Notify the principal or designate to call 911 and advise the dispatcher that the child is HAVING AN ANAPHYLACTIC REACTION**
- **Stay with the student and monitor symptoms until the ambulance arrives**
- **If an ambulance has not arrived within 15-20 minutes and symptoms reappear or become worse, administer the second Epi-Pen®**
- **Have the student, a familiar adult and appropriate documentation (Form A &B) ready to go.**
- **Call parents/guardians**  
Home Phone #: \_\_\_\_\_  
Other #: \_\_\_\_\_  
Emergency Contact #: \_\_\_\_\_

I agree that the school may post my child's picture, take the emergency measures and share this information as necessary, with the staff of the school and health care providers.

**Date:** \_\_\_\_\_ **Parent's Signature:** \_\_\_\_\_