

EMERGENCY INTERVENTION FOR ALLERGIC REACTIONS

Student Information Sheet

Name of stud	dent:		_
Name of school: Class/Homeroom #: Teacher:	_		
Class/Homero	oom #:		_
Teacher:			_
Health Card N	Number:		-
Mother or Gu	uardian:		_ Photo
Telepl	hone (home):	_	
Telepl	hone (work):		_
Father or Gu	ardian:		_
Telephone (home):			_
Telepl	hone (work):		
Family Doctor:			_ Telephone :
Care Giver:			Telephone:
Emergency Contact:			Telephone:
Health Card Number Aother or Guardian: Telephone (M Telephone (W Sather or Guardian: Telephone (M Telephone (M Telephone (W Samily Doctor: Care Giver: Care Giver: School Bus: a.m. p.m. Allergies: Anaph Gymptoms: Diffic	a.m. Route #		
	p.m. Route #	Driver:	
Allergies:	Anaphylactic reactions (that could be fatal) to:		
Symptoms:	Difficulty swallowing, swollen tongue, cough (as in trying to clear one's throat), burning or irritated throat, hives, general swelling, rashes, itchiness, vomiting, difficulty breathing.		

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<u>PROCEDURES</u>: Should you have the **slightest** doubt that the student may have ingested food to which he or she is allergic:

- Do not wait until the onset of vomiting or difficulty in breathing.
- Immediately send someone to advise the teacher of the student, the principal, or the designated person of the situation.
- Have the student lie down.
- Retrieve the EpiPen from ______

(location)

- Proceed with EpiPen injection.

INJECTION:

- Remove the EpiPen from its case.
- Remove the grey safety cap.
- Jab black tip of the needle into the **mid** outer thigh (this may be done through the student's clothing if necessary).
- Wait for the liquid to penetrate the body (10 seconds- a good way to count: one thousand one, one thousand two, etc.)
- Remove the EpiPen.
- Massage the injection site for 10 seconds.
- Drive the student to the hospital immediately and bring along the second EpiPen in case another injection proves necessary.
- Should the student once again have difficulty in breathing, inject the second EpiPen.

TELEPHONE:

- Call 911 (ambulance) or have the student driven to the hospital.
- Call the parents or the person listed for contact in an emergency.

Do not hesitate in administering the medication or calling the ambulance even if you do not reach the parents or guardians.

ONCE COMPLETED, THE ORIGINAL OF THIS FORM MUST KEPT ON FILE AT THE SCHOOL. COPIES MUST BE PROVIDED TO THE SCHOOL BUS COMPANY (VIA SCHOOL BUS DRIVER) AND NORTH EAST TRI-BOARD STUDENT TRANSPORTATION. ONE COPY MUST REMAIN ON THE SCHOOL BUS AT ALL TIMES.

In accordance with the Freedom of Information Act, it is desirable that you grant us written authorization to divulge this information when necessary. For further explanation on the gathering of information, please contact the Freedom of Information Coordinator at (705) 268-7443.

Signature of parent/guardian