ELK ISLAND CATHOLIC SCHOOLS
Seeing Christ in Everyone

LIFE THREATENING ALLERGY ALERT Form 316-5

Anaphylaxis Information

Anaphylaxis is a severe allergic reaction. **Prompt treatment is absolutely critical**! Therefore, the child (or an accompanying adult) must keep his / her medication with them at all times.

Even if you are uncertain whether the child is having an anaphylactic reaction, administer the prescribed medication (see Emergency Action Plan on reverse side).

Adrenaline may cause some shaking and an increased heart rate. Whenever adrenaline is administered, call 911. The effects of the adrenaline can wear off and the reaction can continue. Tell the operator that an allergic reaction has occurred and that adrenaline has been administered.

Contact the parents or their emergency alternates as soon as possible.

Daily Allergy Management

Identify allergens. Please check all that apply to the child.

☐ Insect bite/sting	☐ Dust	☐ Carpet in room
☐ Mold	☐ Strong odor or fume	☐ Chalk dust
☐ Animal	☐ Perfume / cologne / aftershave	☐ Other _____
☐ Pollen _____	☐ Foods _____	

Environment

1. Ensure that staff are aware of a child with a severe allergy.
2. Ensure that staff know the location of the medication(s).
3. A child with a severe allergy may require closer monitoring (i.e. in a lunchroom where food exchanges take place or when exposed to insects / animals).
4. List environmental control measures or restrictions the child requires to prevent an allergic/ anaphylactic reaction.

_____

_____

_____

Parent Comments / Special Instructions

_____

_____

_____

Last Name:_____ First Name:_____ Initial:_____

DOB: _____/_____/_____ Health Care No.: _____
(Day / Month / Year)

Room: _____ Grade: _____

ID Photo

This child has a life threatening anaphylactic allergy reaction to:

_____ ☐ *Taste* ☐ *Touch* ☐ *Smell*

_____ ☐ *Taste* ☐ *Touch* ☐ *Smell*

_____ ☐ *Taste* ☐ *Touch* ☐ *Smell*

Common signs of an anaphylactic reaction are listed below. Please circle all that apply to your child.

- Flushing
- Tingling of lips and mouth
- Itchy eyes, nose, face
- Swelling of eyes and face
- Hives
- Vomiting
- Weakness and dizziness
- Swelling of throat
- Inability to breath
- Loss of consciousness
- Wheezing
- Diarrhea

Emergency Action Plan

Act immediately and **do not** leave child alone.

Listen to the child. Believe what the child is telling you.

1. Give prescribed medications as below.

Drug Name	Instructions
_____	_____
_____	_____

2. Call 911.
3. Notify the parents / guardians.

Emergency Contacts

Mother / Guardian _____ Phone (H) _____ Phone (W) _____

Father / Guardian _____ Phone (H) _____ Phone (W) _____

Other: _____ Relationship:_____ Phone (Day) _____

I consent to the Emergency Action Plan and administration of the prescribed medications as outlined above.

_____ _____ _____

Name of Parent / Guardian (Please print) Signature of Parent / Guardian Date