

EMERGENCY ACTION PLAN FOR STUDENTS WITH ANAPHYLAXIS

For Use Where Applicable (e.g. in: Classroom, Lunchroom, Staff Room, Office, Out of School Programs)

Name: _____	<p>Place Student's Photo Here</p> <p>(to be provided by parent)</p>
Allergen(s): _____	
<u>ALLERGY DESCRIPTION</u>	
This child has a DANGEROUS, life threatening allergy to the following: _____ _____ _____	

RESTRICTIONS

List restrictions for this student, if any: _____

POSSIBLE SYMPTOMS (order may vary)

BODY SYSTEM	SYMPTOMS
SKIN	hives (red itchy welts or swelling on skin)
EYES	swollen, itchy, running, or bloodshot, or with mucous
NOSE	running, itchy, stuffy, sneezing
THROAT	sore, swollen
STOMACH/DIGESTIVE SYSTEM	vomiting, cramps, bloating, nausea, diarrhea
URINARY SYSTEM	Incontinence
RESPIRATORY SYSTEM	difficulty breathing, severe asthmatic reaction
CIRCULATORY SYSTEM	drop in blood pressure, unconsciousness
OTHER	disorientation, sense of foreboding, fear or apprehension, sense of doom

EMERGENCY ACTION PLAN

School Administrators must fill out an O.S.B.I.E. incident form any time a student is taken by ambulance to a hospital as the result of an anaphylactic reaction.

NOTE: Epinephrine auto-injector (e.g., EpiPen®) is/are kept: _____

Expiry Date: _____