

Medical Action Plan 2021-2022

Student's Name: _____

D.O.B. : M__D__Y_____

Medical Condition: _____ (please fill in all

pertinent information on the next page where indicated)

AND / OR

ALLERGIC TO: _____

EpiPen: Yes _____. Expiry date: M__D__Y_____

School's EpiPen is kept: In classroom.

Childs EpiPen is kept: In a fanny pack with the student at all times.

***** THERE IS AN EMERGENCY EIPEN IN THE OFFICE AT ALL TIMES IN ADDITION****

PLACE STUDENT'S
CURRENT
PICTURE HERE

SYMPTOMS / PRESENTATION:

POSSIBLE SYMPTOMS	LIST ADDITIONAL/DETAILS OF SYMPTOMS FOR YOUR CHILD DURING AN INCIDENT
<input type="checkbox"/> Itching & swelling of the lips, tongue, mouth or eyes	
<input type="checkbox"/> A sense of tightness in the throat, chest	
<input type="checkbox"/> Hives, itchy rash, or swelling on the face or extremities	
<input type="checkbox"/> Nausea, abdominal cramps, vomiting or diarrhea	
<input type="checkbox"/> Shortness of breath, repetitive coughing/wheezing	
<input type="checkbox"/> Loss of consciousness	
<input type="checkbox"/> Fear and/or panic	

EMERGENCY ACTION :

Below is the standard emergency action plan when an anaphylactic allergy takes place. Please note any specifics or changes your child may require

ACTION – EMERGENCY
<input type="checkbox"/> Use EpiPen immediately.
<input type="checkbox"/> DESIGNATE SOMEONE TO CALL AN AMBULANCE and advise the dispatcher that a student is having an anaphylactic reaction (a severe life-threatening allergic reaction).
<input type="checkbox"/> Call parent/guardian.
<input type="checkbox"/> If ambulance has not arrived in 15 minutes and breathing difficulties are present or student is unconscious, give second EpiPen.
<input type="checkbox"/> This student must be taken to a hospital immediately even if symptoms subside entirely.
<input type="checkbox"/> Send second EpiPen with the ambulance if it has not been administered.

Please list any other medical information here:

Parent Emergency Contact Phone Numbers:

Mother: _____ Father: _____ Doctor _____

Other Emergency contacts:

Contact 1

Name: _____ Relations: _____ Phone _____

Contact 2

Name: _____ Relations: _____ Phone _____

I realize that it is my responsibility to:

1. Provide both the school and the student with one in-date EpiPen each (two in total) to use at school.
2. Ensure that my child carries his/her EpiPen at all times and that the second EpiPen will be administered in the event that the ambulance hasn't arrived within 15 minutes of the first application and breathing problems persist.

3. Alert the school to my child's anaphylactic allergies by completing the Allergy Action Plan, the request for administration of medication form prescribed upon registration of my child and each September if my child is a returning student.
4. Replace the EpiPen in advance of the listed expiry date.
5. Provide a picture of my child to the office each September.
6. Call the school to schedule a meeting with the teacher/principal to discuss my child's anaphylactic reactions protocol if I so desire.

I GIVE PERMISSION TO THE SCHOOL PRINCIPAL TO POST MY CHILD'S PICTURE AND A COPY OF THIS FORM ANYWHERE IN THE SCHOOL SO THAT ALL STAFF IS ALERTED TO THIS SITUATION.

I ACKNOWLEDGE THAT NON-MEDICAL PERSONNEL ARE BEING ASKED TO UNDERTAKE THE ADMINISTRATION OF MEDICATION OR MEDICAL PROCEDURES TO MY CHILD. I UNDERSTAND THAT THERE IS SOME INHERENT RISK IN HAVING NON-MEDICAL PERSONNEL UNDERTAKE THE ADMINISTRATION OF MEDICATIONS AND PROCEDURES, AND ACCEPT THE RISKS ASSOCIATED WITH THIS REQUEST.

I ACKNOWLEDGE THAT ANY COSTS INCURRED IN AN EMERGENCY SITUATION WILL BE THE RESPONSIBILITY OF THE PARENTS.

Parent /Guardian Signature: _____

Date: _____