Anaphylaxis Emergency Plan: _____ Centre: _____
Child's Name

PHOTO	*(Check the appropriate boxes.)* ☐ Peanut ☐ Other: _____ ☐ Tree nuts ☐ Insect stings ☐ Egg ☐ Latex ☐ Milk ☐ Medication: _____

Monitoring and Avoidance Strategy (safety precautions):
_____
_____

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a *"may contain"* warning.

Epinephrine Auto-Injector: Expiry Date: 1) _____ 2)_____

Dosage: ☐ EpiPen® Jr 0.15 mg ☐ EpiPen® 0.30 mg
Location of Auto-Injector(s): 1) _____ 2) _____

Other medication - Name_____ Dosage: _____
Conditions to administer: _____ Location: _____

☐ **Previous anaphylactic reaction:** Person is at greater risk.
☐ **Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

Signs and symptoms; *Early recognition of symptoms and immediate treatment could save a person's life.*
_____
_____

• Skin system: hives, swelling, itching, warmth, redness, rash • Respiratory system (breathing): coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing • Gastrointestinal system (stomach): nausea, pain/cramps, vomiting, diarrhea • Cardiovascular system (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock • Other: anxiety, feeling of "impending doom", headache, uterine cramps, metallic taste *Early recognition of symptoms and immediate treatment could save a person's life.*

1. Give epinephrine auto-injector at the first sign of a known or suspected anaphylactic reaction.
2. Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. Give a second dose of epinephrine in 5 to 15 minutes if the reaction continues or worsens. **(All parents must supply 2 Epinephrine Auto-Injectors)**
4. Go to the nearest hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 hours).
5. Call emergency contact person (e.g. parent, guardian).

Any other directions from parent/physician: _____
_____

Emergency Contact

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine or other medication indicated to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.
Does this child have permission to carry? Yes _____ No_____ Can child administer their own medication? Yes_____ No_____

Parent/Guardian: _____ **Date:** _____

Physician: _____ **Date:** _____

Dr.
Stamp

Anaphylaxis Emergency Plan Permission and Training Record to

Administer Epinephrine Auto-Injector

I _____ have reviewed my child's Anaphylaxis Emergency Plan and trained the Supervisor _____ and Designate _____ and the Educators that are listed below in administering the Epinephrine Auto Injector and hereby authorize them to train other staff members, students and volunteers at the Child Care Cente.

Parent/Guardian Signature: _____

Name: **Supervisor / Designate / Educator**	**Signature:** **Supervisor / Designate / Educator**	**Date:**	**Parent Signature**

*Parents to train Supervisor and Designate prior to child starting *

Authorization to Train all New Staff, Students and Volunteers

Upon commencing employment at _____ Child Care Centre, we have reviewed _____'s Anaphylaxis Emergency Plan and have been trained by the Supervisor or Designate or an authorized Educator on how to administer the Epinephrine Auto-Injector in the event of an anaphylactic reaction.

Name: Educator / Student / Volunteer	Signature: Educator / Student / Volunteer	Date:	**Authorized Educator's Signature**