



ANAPHYLAXIS ALERT AND EMERGENCY PLAN

NAME OF CHILD _____
 D.O.B. _____ HEIGHT _____ WEIGHT _____
 CLASSROOM/PROGRAM _____
 PARENT/GUARDIAN _____
 PHONE #'s: Home _____ Work _____
 WHAT IS THE ALLERGY? _____



MEDICATION EXPIRY DATE: EPI PEN #1 _____

MEDICATION EXPIRY DATE: EPI PEN #2 _____

Reviewed by: _____ **date:** _____ **intl:** _____

Reviewed by: _____ **date:** _____ **intl:** _____

DOSAGE:

EpiPen® Jr. 0.15 mg EpiPen® 0.30 mg Allerject™ 0.15 mg Allerject™ 0.30 mg

- Each child must have two Epi-pens in the childcare at all times.
- Children in the preschool program must have 2 epi-pens. The Epi pens will be carried in the emergency nap-sack accessible to all the staff on duty. Each classroom's emergency nap-sack will contain a pouch labeled with the child's name.
- Children in kindergarten and school age programs will carry one in a waistband pouch and the second will be carried by their teacher. The second epi-pen will be in the classroom's emergency nap-sack, in a pouch labeled with the child's name and accessible to all staff members. If you would like the staff to carry **both** Epi-pens in the child's pouch, please initial this box

SIGNS and SYMPTOMS

✓ **Please checkmark symptoms specific to your child**

- Tingling itchiness or metallic taste in mouth
- Watery eyes and nose, sneezing
- Hives, redness, generalized flushing, rash itching
- Swelling of the eyes, ears, lips, tongue, face, and skin
- Itchiness or tightness in throat, and/or chest
- Wheezing, hoarseness, hacking cough
- Nausea, vomiting, stomach pain, and/or diarrhea
- Dizziness, unsteadiness, drowsiness, feeling of impending doom
- Fall in blood pressure
- Loss of consciousness
- Other (specify)** _____

INDIVIDUAL EMERGENCY PLAN INSTRUCTIONS (to be complete by parent/guardian or physician)

EMERGENCY CONTACTS (SOMEONE OTHER THAN PARENTS)

Name	Relationship	Home phone	Cell phone	Work phone

CHILDCARE STAFF ROLES AND RESPONSIBILITIES

- Adhere to Rippleton Roadsters policies on anaphylaxis and sign off each school year
- Review emergency plans with the parents and with the staff upon registration
- Staff will check each epi-pen every 6 months and sign off to ensure medication has not expired or needs to be replaced
- Ensure that each anaphylactic child has two (2) current epi-pens on the premises at all times
- Confirm that one epi-pen is on the child in a waistband pouch; this applies to kindergarten and school-age children only. **If both Epi-pens are to be carried by the staff, ensure that all the staff are aware of the child's Emergency Plan and the location of **BOTH** Epi-pens.
- Ensure that the second epi-pen is carried by the RECE or designated head teacher in each class when outside
- Ensure that the epi-pen is in a secured area within the child's classroom accessible by the RECE or designated head teacher,
- Conduct a check to ensure your child has the required medication before each transition and before leaving the premises
- Administer medication as outlined in the child(ren)'s individual Plan and as per our medication policy
- Remain calm in the event of a medical/anaphylactic emergency
- Complete and submit a written report to the Executive Director
- Complete and submit a Serious Occurrence Report accordingly if applicable

CENTRE EMERGENCY PLAN

Administer epinephrine (epi pen) immediately

Call 911 or local emergency number-**ADVISE DISPATCHER THE CHILD IS HAVING AN ANAPHYLACTIC REACTION.**

One staff stays with the child while another calls for help

Child is transported to the hospital immediately even if symptoms subside and contact parents immediately.

Used and unused Epinephrine auto injectors should always be kept with the child and handed over to medical personnel.

Parents are called EnRoute to the hospital or once the child has been attended to.

PARENT/GUARDIAN AGREEMENT

I acknowledge my responsibilities in the development of the Anaphylaxis and Individual Emergency Action Plan and agree to comply with my role listed within them.

I give my consent for the staff of Rippleton Roadsters to execute the Childcare commitment as outlined within my child's Individual Emergency Plan.

In the event of an emergency, I authorize the childcare centre staff to administer the designated medication and obtain medical assistance for my child. I agree to assume all costs associated with the medical treatment and absolve Rippleton Roadsters and its employees/volunteers of responsibility for any adverse reaction from administration of medication.

I agree that the Executive Director has a complete understanding through training with myself, about my child's Anaphylaxis and Individual Emergency Action Plan. I also understand that the Centre's Staff will be trained by the Executive Director regarding my child's Anaphylaxis and Individual Emergency Plan by the Executive Director.

Note: It is the parents' responsibility to provide additional epi-pens for school-aged children (JK-Gr.6). The childcare epi-pens will not follow your child to other programs (i.e. school) outside the childcare program. You are also required to complete the information in this form as accurately as possible. Please be aware that your child's picture will be posted in two locations, the preschool room and the childcare office.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Authorized Signature

Date