School District 78 Fraser-Cascade

SEVERE ALLERGY ALERT FORM

The personal information on this form is collected under the authority of the *School Act*, the Student Record Regulation and the *Freedom of Information and Protection of Privacy Act*. The purpose of this collection is to respond to potential emergency situations involving your student whom you have identified as subject to a potentially life-threatening allergy. If you have any questions concerning the collection, use or disclosure of this information please contact your school principal either in writing or by telephone.

STUDENT INFORMATION (To be completed by Parent/s)

Name of Student: _____ **Date of Birth:** _____

Address: _____

Home Telephone: _____ **Medic Alert I.D.:** _____

Name of Parent: _____ **Business #:** _____

Name of Guardian: _____ **Business #:** _____

Emergency Contact Person(s): _____ **Telephone #:** _____

_____ _____

PHYSICIAN INFORMATION (To be completed by Physician)

Nature of Allergy/Allergens: _____

_____

Symptoms of Reaction: _____

_____

_____

Recommended Response to Reaction: _____

_____

_____

Medication	**Dosage**	**Expiration**

Additional Instructions or Information: _____

_____

_____

_____

Name of Physician: _____ **Telephone:** _____

Signature of Physician: _____ **Date:** _____

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TO BE COMPLETED BY PARENT **[TO BE POSTED, FOLLOWING PARENTAL CONSENT]**

Student's Name _____

Place Student's Photo Here

- **ALLERGY – DESCRIPTION**

This student has a **DANGEROUS**, life-threatening allergy to the following:

_____

_____

_____

and all substances containing them in any form or amount including the following kinds of items:

_____

_____

_____

- **AVOIDANCE**

The key to preventing an emergency is **ABSOLUTE AVOIDANCE** of these allergens at all times.

- **GENERAL PRECAUTIONS**

_____

_____

_____

SYMPTOMS FOLLOWING EXPOSURE TO A PARTICULAR MATERIAL CAN INCLUDE:

- hives and itchiness on any part of the body;
- nausea, vomiting, diarrhea;
- difficulty breathing or swallowing;
- panic or sense of doom;
- throat tightness or closing;
- swelling of any body parts, especially eyelids, lips, face or tongue;
- coughing, wheezing or change of voice;
- fainting or loss of consciousness;
- other, please specify _____

EMERGENCY MEASURES

- Get **EpiPen® (epinephrine)** or other Medication and administer immediately.
- **HAVE SOMEONE CALL AN AMBULANCE** and advise of need for an **EpiPen® (epinephrine).**
- Unless student is resisting, lay student down, tilt head back and elevate legs.
- Cover and reassure student.
- Record the time at which **EpiPen® (epinephrine)** was administered.
- Have someone call the parent.
- If the ambulance has not arrived in 10-15 minutes, and breathing difficulties are present, administer a second **EpiPen® (epinephrine)**.
- Even if symptoms subside, students require medical attention because there may be a delayed reaction, take the student to hospital immediately in the ambulance.
- If possible, have a school staff member accompany the student to the hospital.
- Provide ambulance and/or hospital personnel with a copy of the **Severe Allergy Alert Form** for the student and the time at which the **EpiPen® (epinephrine)** or **Medication** was administered.

I agree that the school may post my student's picture, take the Emergency measures and that this information will be shared, as necessary, with the staff of the school and health care providers.

_____ _____

Date Parent's Signature