

FUTUREKIDS CENTRE

Anaphylaxis Health Care Plan

Anaphylaxis emergency action plan for:

Name of Child

My child's anaphylaxis triggers are:

peanuts nuts milk all dairy eggs shellfish fish

food additives (list) _____

insect stings (list) _____

medications (list) _____

others (list) _____

when food is: ingested touched smelled

speed of reaction: _____

My child's anaphylaxis symptoms are usually:

- Skin: hives, swelling, itching, warmth, redness, rash
- Respiratory (breathing): wheezing, shortness of breath, throat, tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever like symptoms (runny itchy nose, watery eyes, sneezing trouble swallowing.
- Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea
- Cardiovascular (heart): pale/blue colour, weak, pulse, passing out, dizzy/light headed, shock
- Other: anxiety, feeling of "impending doom" headache

Emergency Medication

The child's physician must complete the following information.

Please note that the emergency medication must be a single dose, single use auto-injector EpiPen.

Name of emergency medication _____

Dosage _____

Physician Name _____

Signature of Physician _____

Date Signed _____

My Child's Emergency Treatment is:

1. Administer EpiPen- Location of EpiPen _____
2. Call 911 and tell the dispatcher that a child is having a life-threatening anaphylactic reaction.
3. Call the parent/guardian or emergency contact person.
4. Have ambulance transport student to hospital.

DO NOT LEAVE STUDENT ALONE.

Parent/Guardian Authorization

The parent/guardian of the above named child must check the following information and sign this plan.

- I authorize the staff of Futurekids Daycare Centre to administer the designated treatment and to obtain suitable medical assistance.
- I have provided the centre with the Physician's instruction and signature.
- I have provided the centre with a single dose auto-injector EpiPen(s).

Your child's personal information is collected for the purposes of:

- Health, safety, treatment and protection
- Emergency care and response

By signing this form, you give consent to Futurekids Daycare Centre to disclose your child's personal information to the centre staff and persons reasonably expected to have supervisory responsibility for the above purposes. This consent is valid in effect until it is revoked in writing by you.

Parent/Guardian Signature: _____ Date Completed: _____

This agreement must be reviewed at the beginning of every school year and when changes occur.

Dates Reviewed by Parent Guardian _____
