

# Anaphylaxis (Life Threatening Allergy) Information

Emergency Plan for \_\_\_\_\_  
Facility Address: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Picture ID

**DO NOT WAIT FOR SYMPTOMS TO GET WORSE  
OR NEW SYMPTOMS TO BEGIN**

- **GIVE EPINEPHRINE**
- **CALL 911**
- **CALL PARENTS**

Epinephrine is the first line medication which should be used for the emergency management of a person having a potentially life threatening allergic reaction.

Antihistamines (e.g. Benedryl™) and asthma medications should not be used instead of epinephrine for treating anaphylaxis.

Other Instructions:

(It is the parent's responsibility to notify the facility/school of any change in the child's condition)

## STUDENT'S ANAPHYLAXIS TRIGGERS ARE:

☐ Food (list): \_\_\_\_\_

☐ Insect stings (list): \_\_\_\_\_

☐ Medications (list): \_\_\_\_\_

☐ Other: \_\_\_\_\_

## ANYONE HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SYMPTOMS :

Skin: hives or itchy skin, cold, clammy, sweaty skin, flushed face or body

Respiratory System (Breathing): difficulty breathing/swallowing, coughing or choking, change of voice

Gastrointestinal System (stomach): stomach cramps/diarrhea/vomiting

Cardiovascular : dizziness, confusion, fainting or loss of consciousness, pale/blue colour, heart rate changes (fast/slow)

Other: anxiety, feeling of doom

## CHILD'S EMERGENCY TREATMENT:

☐ Medication is stored where?

☐ Epinephrine auto-injector – expiry date: \_\_\_\_\_

☐ Names of staff oriented to plan: \_\_\_\_\_

☐ Emergency plan review date (to do yearly): \_\_\_\_\_

☐ Field Trip Plans: \_\_\_\_\_

Childcare Supervisor/School  
Personnel

Date

Parent/Guardian

Date

Primary Care Provider

Date

Sign below if you agree

Anaphylaxis Care Plan provided as a  
resource from Vancouver Coastal  
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