

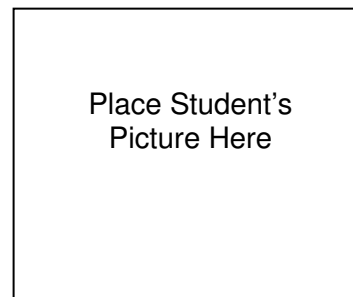


ANAPHYLAXIS EMERGENCY TREATMENT PLAN

Early recognition of symptoms and immediate treatment could save this person's life.

_____ has a potentially life-threatening allergy (anaphylaxis) to:

- Peanut Tree Nuts Wheat Egg
- Milk Insect Stings (bees/wasp) Latex
- Other: _____
- Medication: _____



SIGNS AND SYMPTOMS: Think – F.A.S.T.:

A person experiencing an anaphylactic reaction might have one of the following symptoms:

- F. Face:** rash, itchiness, redness, swelling of face and tongue.
- A. Airway:** trouble breathing, swallowing or speaking.
- S. Stomach:** stomach pain, vomiting, diarrhea.
- T. Total:** hives, rash, itchiness, swelling, weakness, pallor (paleness) sense of doom, loss of consciousness.

TREATMENT: Think – A.C.T.

- Administer the epinephrine auto injector (EpiPen®) IMMEDIATELY, at the first sign of a reaction, in conjunction with the child's contact with their life threatening allergen.
 Administer the injection in the lateral (outer) location of the thigh. Inject and count for 10 seconds. Remove the EpiPen®, check needle is showing and message area for 10 seconds.
 A second dose may be administered 10 – 15 minutes or sooner, if symptoms have not improved or worsened.
- Call 911. When informing the dispatcher use the term '**ANAPHYLACTIC**' reaction.
- Transport to hospital by ambulance. Student must go to the hospital even if symptoms are mild or have stopped. Call parents/guardians.

Emergency Contact Information:

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent or guardian authorizes an adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above.

Patient/Parent/Guardian Signature

Date

Physician's Signature (optional)

- Parent/guardian grants permission for a copy of this form to be given to their child's driver, where applicable. All drivers have First Aid/CPR and EpiPen® training.

RCJTC Staff Only		
Route #	A.M.	P.M.

Original – School
Copy – RCJTC

The personal information you have provided **on this form and any other correspondence relating to transportation** is collected by the Renfrew County Joint Transportation Consortium (RCJTC) under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended. The information will be used to arrange appropriate transportation, **and to give information to employees and transportation providers to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act.** The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, speak to the **General Manager of the RCJTC, 999 Cecelia St., Pembroke, 613-732-8419.**