

CENTRAL EGLINTON CHILDREN'S CENTRE(CECC)

ANAPHYLAXIS AND ALLERGY EMERGENCY PLAN (APPENDIX D)

Full Name

Please check Child Staff Student Teacher Volunteer

I/we _____ authorize CECC staff to administer the following medication to the person named above. It is understood that CECC cannot be held accountable for any adverse reactions to the prescribed medication when administered.

WHAT IS THE ALLERGY?

Type of Medication - if two EPI Pens, then please list the second under 'Other'

Antihistamine :	Name of Medication _____	Dosage _____	Expiry _____
Epinephrine EPI Pen Jr. :	Name of Medication _____	Dosage _____	Expiry _____
Epinephrine EPI Pen Adult :	Name of Medication _____	Dosage _____	Expiry _____
Other:	Name of Medication _____	Dosage _____	Expiry _____
	Name of Medication _____	Dosage _____	Expiry _____

IS THE MEDICATION/EPI PEN ACCOMPANIED BY A DOCTOR'S NOTE OR A PRESCRIPTION ON THE LABEL ?

My Child may carry his/her own EPI Pen (check one) YES NO

** Please Note: You must attach a permission note from your child's doctor. CECC is not responsible for any misuse of the medication by your child*

Please check all symptoms that apply for ANAPHYLAXIS

Skin : Hives Swelling Itching Warmth Rash Redness

Respiratory (Breathing) : Wheezing Shortness of Breath Throat Tightness Cough Hoarse voice
Chest pain/tightness Nasal congestion Watery eyes Sneezing
Trouble swallowing Congestion Runny itchy nose

Gastrointestinal (Stomach) : Nausea Pain/Cramps Vomiting Diarrhea

Cardiovascular (Heart) : Pale/Blue colour Weak Pulse Fainting Dizziness Shock

Other Symptoms (Please list) : Anxiety Feeling of "impending doom" Headache _____

CECC EMERGENCY PROCEDURES - Please list in sequence how you would like us to proceed

Date _____ Parent/Guardian Signature _____ Parent/Guardian Signature _____ Physician's Signature _____

Note: There must be a signature from each of the Parent/Guardians listed above

For CECC: Location of Antihistamine or Medication - Locked medication box in classroom
EPI Pen #1 in red pouch with knapsack EPI Pen #2 in cupboard in classroom labelled with a **red cross**
Child/Staff/Student Teacher/Volunteer carries own: EPI Pen Other _____

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