

Administration of Medication EpiPen Injection

I hereby authorize and instruct _____ Principal of _____

School or his/her designate(s) to administer epinephrine by injection to my son/daughter

_____ who was born on _____, for the purpose of providing temporary emergency response to a perceived life threatening occurrence which may be seen to result from an allergic reaction, the symptoms of which are

In the event that my son/daughter is not capable of self-administration, my signature shall be your good and sufficient authority to administer epinephrine by injection, and recognizing that staff are not medically trained, I shall not hold the person administering the medication, the Algonquin and Lakeshore Catholic District School Board or any of its school personnel liable for any action whatsoever which may arise out of the said medication administration, either at this given time, or at any given time in the future.

DATED at _____ this _____ day of _____ 20__.

Signature of Authorizing Parent/Guardian

Note: This form is to be filed in the School's Medical Emergency file and in the student's OSR File.

The information gathered on this form is pursuant to the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*. Information will be used to prepare assessment records; maintain records for all students. Users: Student Services Staff, Principal of Student, all teachers responsible for the Student's program and designated staff for clerical functions.

Medical Information

TO BE COMPLETED BY PARENT/GUARDIAN	
Name of Student: _____	Birth Date: _____
School: _____	Grade: _____
Home Address: _____	
Telephone No. of Parent/Guardian (Home): _____	(Work): _____
Name of Emergency Contacts: _____	Phone: _____
	Phone: _____
Name of Physician: _____	Phone: _____

Specific Potentially Life-Threatening Allergy(ies)

The Nature of the Reaction

Recommended Treatment in the Event of Accidental Exposure

Date: _____ Signature of Parent/Guardian: _____

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EpiPen Emergency Transportation Information

Student Name: _____

School Year _____

School: _____ Grade: _____

Parents: _____

Telephone/Home: _____

Address: _____

Telephone/Work: _____

Location of EpiPen: _____

Family Doctor: _____ Phone: _____

School Bus Operator: _____

A.M. Bus: _____ Driver: _____

P.M. Bus: _____ Driver: _____

Medical Condition: _____

Allergy to: _____

Administer EpiPen: Student must immediately be transported to: _____

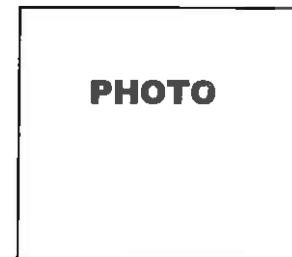
Asthma: _____ Inhalers: _____

DISPATCH

1. Obtain exact location/time of administration.
2. Call 911.
3. Call Supervisor of Transportation, Steve Wowk, 613-354-1981/1-866-569-6638

cc: School Bus Driver
Transportation Department

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Anaphylaxis Alert

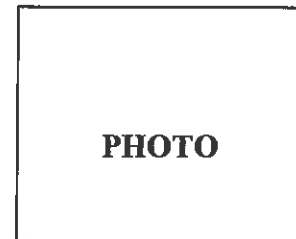
This person has a **DANGEROUS** life-threatening allergy to:

Foods: _____

Insect Stings: _____

Medication: _____

Other: _____



Food: The key to preventing an anaphylactic emergency is **absolute avoidance** of the allergen. Individuals with food allergies cannot share food, eat unmarked/bulk foods, or products which have the "may contain" warning.

KNOW THE SIGNS AND SYMPTOMS... a person with anaphylaxis might have any of the following signs or symptoms:

Face: Itchy eyes, itchy nose, flushed face, swollen lips, swollen tongue
Airway: Trouble breathing or swallowing, hoarseness, choking, coughing, wheezing.
Stomach: Pain, vomiting, diarrhea,
Skin: Rash, itchiness, swelling, hives - anywhere on the body.
General: Weakness, sense of doom, loss of consciousness.

Anaphylaxis can lead rapidly to unconsciousness and death.

KNOW WHAT TO DO ... the first signs of a reaction can be mild, but symptoms can get worse very quickly.

Give: The epinephrine (adrenaline) injection at the first sign of a reaction. It is dangerous to wait. Give a second dose in 10-15 minutes if reaction continues or worsens.

Call 911: Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.

Go: To the nearest hospital, even if symptoms are mild or have stopped. Stay in the hospital setting for 4-6 hours. The reaction could come back.

CONTACTS / APPROVAL

_____ (H) _____ (O) _____ (Cell) _____

_____ (H) _____ (O) _____ (Cell) _____

The undersigned parent/guardian hereby authorizes any adult to administer epinephrine to the above-named child in the event of an anaphylactic reaction as described above.

Signature of Parent/Guardian

Date

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Administration of EpiPen/Anakit: Physician's Statement

Date: _____

Dear _____
(Name of Principal)

We are requesting that Epinephrine _____
(EpiPen / Anakit)

be administered to _____ in the event of an apparent severe
allergic reaction.

ALLERGY

Allergy (Types of allergens): _____

Procedure(s): _____

Physician's Signature

Parent/Guardian's Signature

Date

Date

Transportation to Hospital/Medical Facility Consent Form

A new consent form must be submitted each school year and for summer school

I/we hereby give my/our permission for _____
(Principal)

or a designate to transport our child to the emergency department of the closest hospital in the event of a medical emergency.

Parent/Guardian's Signature(s): _____

Date: _____