

**On-Person Laminated Information Card****FRONT OF CARD**

\*EpiPen should be stored in an appropriate means (e.g. fanny pack, EpiPen holder, etc.) and with the student at all times (e.g. yard, bus, field trips, etc.)

**ANAPHYLAXIS ALERT**

This child is allergic to \_\_\_\_\_

Use the EpiPen immediately if any of these symptoms appear

- Tingling in mouth
- Wheezing, sneezing, coughing and choking
- Hives, rash, itching
- Sense of doom, fear apprehension
- Swelling eyes, ears, lips, face, tongue
- Constriction in breathing, swallowing
- Vomiting, stomach upset, diarrhea
- Generalized flushing
- Lightheadedness
- Loss of consciousness

EpiPen directions: (please complete)

1. **Pull off the blue safety cap.**
2. **Place orange tip on thigh.**
3. **Press hard into thigh until you hear the click.**
4. **Hold for 10 seconds.**

**Call 911** to transport to hospital. If symptoms continue or worsen after 10-15 minutes and ambulance has not arrived, a second injection must be given .

**BACK OF CARD****ANAPHYLAXIS ALERT**

School: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Child's Weight: \_\_\_\_\_ lbs/kg                      Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parents/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Health Card No: \_\_\_\_\_

**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.**