EMERGENCY CARE PLAN
ANAPHYLAXIS

PERMISSION TO ADMINISTER MEDICATION FORM IS STILL REQUIRED FOR ALL OTHER MEDICATIONS

Care plan for:		**Today's Date:**		**Copy with Emergency form? (check box)**	☐

Child's anaphylaxis triggers are:

☐ Peanuts	☐ Eggs	☐ Food additives	☐ Other (list):_____
☐ Tree nuts	☐ Shellfish	(list):_____	_____
☐ Milk	☐ Fish	☐ Medications	_____
☐ All dairy	☐ Insect stings	(list):_____	

Child's anaphylaxis symptoms are usually:

Skin:	☐ Swelling (eyes, lips, face, tongue) ☐ Hives or itching ☐ Flushed face or body ☐ Cold, clammy, sweaty skin	Heart:	☐ Pale/blue colour ☐ Fainting or loss of consciousness ☐ Weak pulse ☐ Heart rate changes (fast/slow)
Breathing:	☐ Difficulty breathing/ swallowing ☐ Coughing/choking ☐ Nasal congestion or hay fever like symptoms (runny, itchy nose, watery eyes, sneezing) ☐ Change of voice	Stomach:	☐ Nausea ☐ Stomach cramps ☐ Vomiting ☐ Diarrhea Other: (list) _____

Child's emergency treatment:

1. **GIVE:_____**
   At the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen.
2. **CALL 911**
3. **CALL PARENTS**
4. **Other instructions:_____**

Medication is stored (location):	
Antihistamine: (specify brand and dosage)	
Epinephrine Auto-injector: (include expiry date)	
Names of staff oriented to plan:	
Field trip plans:	

Sign below if you agree with above care plan

Signature of parent:		**Date:**	
Signature of Licensee:		**Date:**	

Submit Form