

ANAPHYLACTIC/ALLERGIES EMERGENCY PROCEDURE PLAN

PARENT/GUARDIAN PLEASE COMPLETE	
Student's Name:	Place Student Photo Here
Date of Birth:	
Teacher: Grade:	
Parent / Guardian: Phone #:	
Address: Postal Code:	
Parent / Guardian: Phone #:	
Address: Postal Code:	
Emergency Contact: Relationship:	
Home Phone #: Work #:	
Emergency Contact: Relationship:	
Home Phone #: Work #:	
Doctor's Name: Phone #:	

PHYSICIAN PLEASE COMPLETE			
Physician's Name:			
Daytime Phone:		Fax:	
Allergen: (Do not include antibiotics or other drugs)			
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Nuts	<input type="checkbox"/> Dairy	<input type="checkbox"/>
<input type="checkbox"/> Insects	<input type="checkbox"/> Latex	<input type="checkbox"/> Other	<input type="checkbox"/>
Symptoms: (please circle all those that apply)			
<ul style="list-style-type: none"> ➤ Skin: hives, swelling, itching, warmth, redness, rash ➤ Respiratory (breathing): wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing ➤ Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea ➤ Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock ➤ Other: anxiety, feeling of "impending doom", headache, uterine cramps in females ➤ Additional symptoms: 			