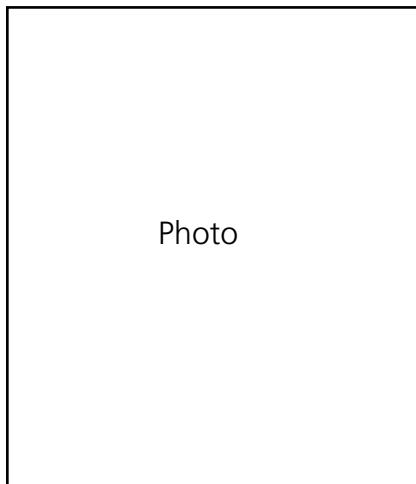


# Anaphylaxis Emergency Plan

Child's Name: \_\_\_\_\_

Program/Camp: \_\_\_\_\_

**This person has a potentially life threatening allergy (anaphylaxis) to:**



Check the appropriate boxes:

- |                                    |                                            |
|------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Peanuts   | <input type="checkbox"/> Insect Stings     |
| <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Latex             |
| <input type="checkbox"/> Eggs      | <input type="checkbox"/> Medication: _____ |
| <input type="checkbox"/> Milk      | <input type="checkbox"/> Other: _____      |

**Food:** People with food allergies should not share food or eat unmarked / bulk foods or products with a "may contain" warning.

**Epinephrine Auto-Injector:** Expiry Date: \_\_\_\_\_

- Dosage:**  EpiPen Jr® 0.15 mg     EpiPen® 0.3 mg     ALLERJECT® 0.15 mg  
 ALLERJECT® 0.3 mg     Emerade™ 0.3 mg     Emerade™ 0.5 mg

**Location of auto-injector(s):** \_\_\_\_\_

**Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

**A person having an anaphylactic reaction might have any of these signs and symptoms:**

Signs and symptoms parent/guardian has witnessed: \_\_\_\_\_

- **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

**Anaphylaxis Emergency Response Protocol**

**ACT QUICKLY. The first signs of a reaction can be mild, but symptoms can get worse very quickly.**

1. **Give epinephrine auto-injector** (e.g. EpiPen®, ALLERJECT®, Emerade™) at the first sign of a known or suspected anaphylactic reaction.
2. **Call 9-1-1** or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. **Give a second dose** of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms.
4. **Go to the nearest hospital immediately** (ideally by ambulance), even if symptoms are mild or have stopped.  
The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4-6 hours).
5. **Call emergency contact person** (e.g. parent, guardian).

**Emergency Contact Information**

Name	Relationship	Home Phone	Work Phone	Cell Phone

Recreation Services is an **Allergen-Aware Environment** – An environment that minimizes the risk of exposure to life threatening allergens through: signage, information sharing and awareness, training and education, avoidance practices, and an established emergency action response protocol.

*The undersigned parent or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the above-named person's physician.*

\_\_\_\_\_  
Parent / Guardian Name

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date