

INDIVIDUAL PLAN FOR ANAPHYLACTIC SHOCK – EPI PEN

Date:

Child's Name:

Description of Allergy:

POSSIBLE SYMPTOMS:

- Flush face, hives, swelling or itching lips, tongue or eyes
- Vomiting, nausea, diarrhea, stomach pains •
- Tightness in throat, mouth or chest
- Dizziness, unsteadiness, sudden fatigue, rapid heartbeat
- Difficulty breathing or swallowing, wheezing, coughing or choking
- Loss of consciousness

OTHER POSSIBLE SYMPTOMS:

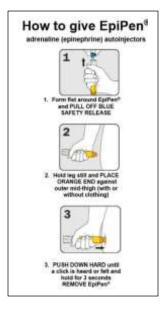
Description (please list):

Location of Epi Pen:

Epi Pen Expiry Date:

Please indicate all potential triggers to the allergy:

Additional Instructions:



EMERGENCY PLAN

- Remove EpiPen from case .
- Pull off coloured safety cap, BLUE to the sky, ORANGE to the thigh •
- Firmly hold inner thigh •
- Jab black tip into the thigh, even through clothing (you should heat a "CLICK") •
- Firmly hold EpiPen in place and wait 10 seconds before removing unit •
- Gently massage area •
- Call for assistance •
- Call 911 and report anaphylactic shock •
- Contact Parent/Guardian or emergency contact •
- Stay with child until help arrives •
- Give EpiPen to paramedics •

The staff or the Supervisor will accompany the child to the hospital if the parents are unable to arrive at the childcare centre in time.

Parent Signature: _____ Date: _____ Date: _____

Insert Photo Here



EMERGENCY RESPONSE PLAN FOR ANAPHYLACTIC SHOCK

Date:

Child's Name:

Emergency Information

Health Card Number:

Family Doctor Name:

Family Doctor Address:

Family Doctor Phone Number:

Emergency Contacts

<u>Mother</u>

Mothers Name:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Father

Fathers Name:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Along with the instructions and EpiPen Starter Kit Training Device Provided by Pfizer Epi Pen Canada, I feel the training for staff, volunteers, students and other persons meets the appropriate needs for my child.

Parent Signature

Date