

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

Insert Photo Here

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 hear 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: _____

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

Mother

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