



Hamilton Hebrew Academy ב"ה האקדמיה העברית בהמילטון

HHA ANAPHYLAXIS EMERGENCY ACTION PLAN

Student Name: _____ Class: _____

This child has a potentially life-threatening identified allergy (anaphylaxis) to:

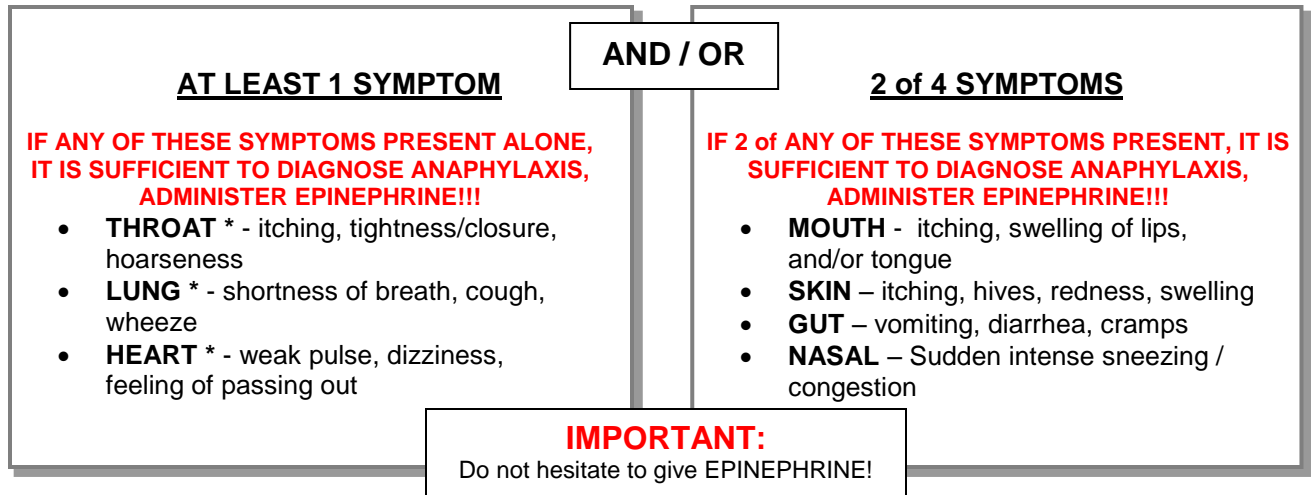
- | | | |
|------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Sesame | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Medication _____ | |
| <input type="checkbox"/>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

PHOTO
OF
CHILD

Health Card # _____	DOB: M _____ D _____ Y _____
Parent Name _____	Cell # _____
Address _____	

DIAGNOSIS OF ANAPHYLAXIS

A person having an anaphylactic reaction might have ANY of these signs & symptoms:



WHAT TO DO

Act quickly. The first signs of a reaction can be mild, but symptoms can rapidly worsen:

1. Inject Epinephrine Auto-Injector (“EpiPen” or “Allerject”):

Dosage: EpiPen Jr 0.15mg EpiPen 0.30mg Allerject 0.15mg Allerject 0.30mg

Location of Auto-Injector(s): _____ Expiry Date _____

Other Instructions (ie administer antihistamine AFTER epinephrine): _____

Asthmatic: If child is having a reaction and has difficulty breathing, give epinephrine auto-injector **FIRST** followed by asthma medication if needed.

2. **Call 911 or go to the ER IMMEDIATELY** (whichever is quickest to access) If calling 911, tell them a child is having a life-threatening “anaphylactic” reaction. Request an ambulance immediately.
3. Call emergency contact.



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Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned parent or guardian authorizes any adult to administer epinephrine to the above named child in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the child's physician. I also consent to the posting of this plan in every room operated by the Hamilton Hebrew Academy and to the sharing of this information with all staff, students and volunteers. I also consent to my child carrying her/his own Epi-pen.

Parent/Guardian Signature

Date

Physician's Signature

Date

Emergency Action Plan: (To be filled in by parent)

Child Care Staff Roles and Responsibilities:

- ◇ Adhere to _____ Anaphylactic Policy
- ◇ Staff will conduct a check to confirm child (ren) have their required medication with them before each transition, (ie. moving from the classroom to the gym, leaving for school, etc.)
- ◇ Administer medications and/or instructions as set out in child's Individual Plan and Emergency Procedures
- ◇ Staff will be debriefed
- ◇ Written report to be filled out by staff dealing with emergency
- ◇ Serious Occurrences will be filed

Parent Agreement

I _____ acknowledge my participation in the development of the preceding Emergency Action Plan and agree to execute reliability the parent commitments listed within them.
I give my consent for the staff of the Hamilton Hebrew Academy to execute the child care commitment as outlined within the plan. In the event of an emergency, I authorize the child care staff to administer the designated medication and obtain medical assistance. I agree to assume responsibility for all costs associated with medical treatment and absolve Hamilton Hebrew Academy and its employees/volunteers of responsibility for any adverse reaction resulting from administration of the medication.

Parent Signature: _____

Date: _____

TO BE REVIEWED ANNUALLY

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Hamilton Hebrew Academy is a beneficiary agency of The Hamilton Jewish Federation