

# CENTRAL EGLINTON CHILDREN'S CENTRE(CECC)

## ANAPHYLAXIS AND ALLERGY EMERGENCY PLAN (APPENDIX D)

Full Name-

*Please check* Child  Staff  Student Teacher  Volunteer

I/we \_\_\_\_\_ authorize CECC staff to administer the following medication to the person named above. It is understood that CECC cannot be held accountable for any adverse reactions to the prescribed medication when administered.

### WHAT IS THE ALLERGY?

#### Type of Medication - if two EPI Pens, then please list the second under 'Other'

Antihistamine :	Name of Medication _____	Dosage _____	Expiry _____
Epinephrine EPI Pen Jr. :	Name of Medication _____	Dosage _____	Expiry _____
Epinephrine EPI Pen Adult	Name of Medication _____	Dosage _____	Expiry _____
Other:	Name of Medication _____	Dosage _____	Expiry _____
	Name of Medication _____	Dosage _____	Expiry _____

### IS THE MEDICATION/EPI PEN ACCOMPANIED BY A DOCTOR'S NOTE AND A PRESCRIPTION ON THE LABEL

**Please Note: CECC Educators carry your child's EPI PEN and other life saving medication, when your child is in our care. Please indicate if you have one or more EPI PENS. EPI PEN x 1  EPI PEN x 2**

### Please check all symptoms that apply for ANAPHYLAXIS

Skin : Hives  Swelling  Itching  Warmth  Rash  Redness

Respiratory (Breathing) : Wheezing  Shortness of Breath  Throat Tightness  Cough  Hoarse voice

Chest pain/tightness  Nasal congestion  Watery eyes  Sneezing

Trouble swallowing  Congestion  Runny itchy nose

Gastrointestinal (Stomach) : Nausea  Pain/Cramps  Vomiting  Diarrhea

Cardiovascular (Heart) : Pale/Blue colour  Weak Pulse  Fainting  Dizziness  Shock

Other Symptoms (Please list) : Anxiety  Feeling of "impending doom"  Headache  \_\_\_\_\_

### CECC EMERGENCY PROCEDURES - Your Physician must list, in sequence, how they would like us to proceed

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Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Physician's Signature \_\_\_\_\_

**Note: There must be a signature from each of the Parent/Guardians listed above**

Location of EPI PEN, Antihistamine or other life saving Medication is in labelled pouch in labelled knapsack pocket.