



EMERGENCY ALLERGY ALERT FORM
Form 230-57a

FOR USE IN:
 Classroom
 Lunch room
 Staff room
 Office
 Fanny Pack

 Name

~ ALLERGY DESCRIPTION

This child has a DANGEROUS, life threatening allergy to the following foods: _____

and all foods containing them in any form in any amount, including the following kinds of items:



~ AVOIDANCE

The key to preventing an emergency is **ABSOLUTE AVOIDANCE** of these foods at all times. **WITHOUT EPIPEN®/ANA-KIT®, THIS CHILD MUST NOT BE ALLOWED TO EAT ANYTHING.**

~ EATING RULES (*List eating rules for your child, if any, in this space*)

POSSIBLE SYMPTOMS

- flushed face, hives, swelling or itchy lips, tongue, eyes
- tightness in throat, mouth, chest
- difficulty breathing or swallowing, wheezing, coughing, choking
- vomiting, nausea, diarrhea, stomach pains
- dizziness, unsteadiness, sudden fatigue, rapid heartbeat
- loss of consciousness

ACTION - EMERGENCY PLAN

- Use EpiPen®/Ana-Kit® immediately!
- HAVE SOMEONE CALL AN AMBULANCE and advise the dispatcher that a child is having an anaphylactic reaction.
- If breathing difficulties are present (e.g. Wheeze, cough, throat clearing), give a second EpiPen®, if available.
- Even if symptoms subside entirely, this child must be taken to hospital immediately.
- EPIPENS®/ANA-KIT® are kept _____

 Doctor / Date

 Parent / Date

* From *L'anaphylaxie: Guide à l'intention des commissions et conseils scolaires*