

**PHYSICIAN INFORMATION FORM FOR ANAPHYLAXIS**

(Parent(s)/guardian(s) requests physician to complete and sign this form.)

Student Name:

Specific potentially life-threatening allergens:

The nature of the reaction. (Check all applicable.)

- Physical contact with this allergen may cause an anaphylactic reaction.
- Airborne contact with this allergen may cause an anaphylactic reaction.
- Ingestion of food may cause an anaphylactic reaction.

Other (please explain below):

Recommended treatment in the event of accidental exposure:

Date:

\_\_\_\_\_

\_\_\_\_\_

(Physician)

This must be filed in the student's record.

Reference: Sections 7, 17, 20, 22, 65, 84, 85, 95 School Act  
School Regulation 265/89  
Anaphylaxis Protection Order M232/07  
Anaphylaxis: A Handbook for School Boards, Canadian School Boards Association  
British Columbia Anaphylactic and Child Safety Framework

Adopted: February 15, 2008  
Revised: May 5, 2008; September 24, 2018