



**VANCOUVER BOARD OF EDUCATION
DISTRICT LEARNING SERVICES - STUDENT SUPPORT
CONFIDENTIAL STUDENT EMERGENCY
RESPONSE PLAN**

<p>Medical Condition Anaphylaxis Allergy: _____</p>
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CONFIDENTIAL STUDENT EMERGENCY RESPONSE PLAN

Date: _____

Preferred Name: _____

Student and Contact Information

Student's Name: _____

Date of Birth: _____

Sex: Male Female

Parent/Guardian: _____

Daytime Phone: _____

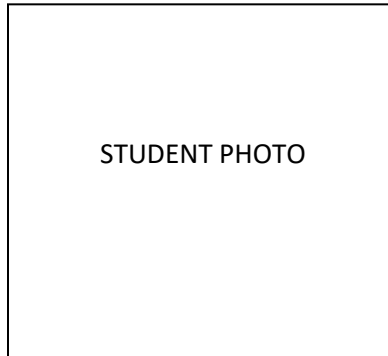
Cell Phone: _____

Emergency Contact: _____

Daytime Phone: _____

Cell Phone: _____

Physician: _____



<p>Restricted Activities:</p> <p>Medications:</p>
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If signs of Anaphylaxis distress present:

- Administer EpiPen – remember: orange to the sky/blue to the thigh and hold for 10 seconds
- Call 911
- Summon First Aid Attendant to scene
- Telephone Parent or Guardian
- Administer a new EpiPen every 5 minutes if the symptoms do not improve. Repeat until emergency personnel arrive.
- Remain with the student until the ambulance arrives and transports.

EpiPen Storage Location: _____

Staff members trained in EpiPen use:



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Additional Pertinent Information:

An EpiPen and a trained staff member will accompany the student on any off-site field trip.

To be completed by physician or allergist:

I have reviewed and I approve this emergency response plan:

Dr: _____ Signature: _____ Date: _____

To be completed by parent or guardian and, where age appropriate, student:

I have reviewed and I approve this emergency response plan. I understand that it is my responsibility to advise the school about any changes in my child's condition. I also understand that it is my responsibility to provide the school with two EpiPen's unless my child is old enough to carry their own.

I understand that the Board of Education collects personal information about my child under the authority of the *School Act* and *Freedom of Information and Protection of Privacy Act* for the purpose of health, safety, treatment and protection, and for emergency care and response. I consent to the disclosure of my child's personal information to school staff and those persons reasonably expected to have supervisory responsibility for school age students and preschool age children participating in early learning programs for those purposes. This consent is valid until it is revoked in writing by me.

Date: _____

Parent/Guardian Name: _____ Signature: _____

Student Name: _____ Signature: _____
