HOLY SPIRIT CATHOLIC SCHOOLS

Severe Allergy Alert Form

Part 1

This form must be completed when the student is first registered or re-registered with the Holy Spirit School Division, or when the student's allergies change.

STUDENT INFORMATION (To be completed by Parent or Guardian)	
Name of Student:	Date of Birth:
Address:	
Home Telephone:	Medic Alert I.D.:
Name of Parent/Guardian:	Daytime #:
Emergency Contact Person:	Daytime #:
Emergency Contact Person	Daytime #:

PHYSICIAN INFORMATION (To be completed by Physician)	
Nature of Allergy/Allergens:	
Symptoms of Reaction:	
Recommended Response to Reaction:	
Medication:	Dosage:
Additional Instructions or Information:	
Name of Physician:	Telephone #:
Signature of Physician:	Date:
The personal information on this form is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act. The purpose of this collection is to respond to potential emergency situations involving your student whom you have identified as subject to a potentially life-threatening allergy. If you have any questions concerning the collection, use or disclosure of this information, please contact your school principal either in writing or by telephone.	

HOLY SPIRIT CATHOLIC SCHOOLS

Severe Allergy Alert Form

Part 2

This form must be completed by a parent/legal guardian or independent student when a student's attendance at school is affected by a dangerous, life-threatening allergy. The information gathered in this form must be reviewed (and confirmed and updated) annually or sooner if the student's condition changes.

Student's Name:_____

ALLERGY - DESCRIPTION

This student has a DANGEROUS, life-threatening allergy to the following:

_____

_____

And all substances containing them in any form or amount, including the following kinds of items:

_____

_____

Place Student's Photo Here

AVOIDANCE

The key to preventing an emergency is ABSOLUTE AVOIDANCE of these allergens at all times.

GENERAL PRECAUTIONS

_____

_____

If assistance with administering medication may be required, complete Request for Assistance to Administer Medication Form.

SYMPTOMS FOLLOWING EXPOSURE TO A PARTICUALR MATERIAL CAN INCLUDE:

- □ Hives and itchiness on any part of the body;
- □ Nausea, vomiting, diarrhea;
- □ Difficulty breathing or swallowing
- □ Panic or sense of doom;
- □ Throat tightness or closing
- □ Swelling of any body parts, especially eyelids, lips, face or tongue;
- □ Coughing, wheezing or change of voice;
- □ Fainting or loss of consciousness;
- □ Other (please specify)_____

EMERGENCY MEASURES

- □ Get EpiPen (epinephrine) or other Medication and administer immediately.
- □ HAVE SOMEONE CALL AN AMBULANCE and advise that a child is having an anaphylactic reaction.
- □ Unless the student is resisting, lay student down, tilt head back and elevate legs.
- □ Cover and reassure student.
- □ Record the time at which EpiPen (epinephrine) was administered.
- □ Have someone call the parent.
- □ If the ambulance has not arrived in 10 – 15 minutes, and breathing difficulties are present, administer a second EpiPen (epinephrine).
- □ Even if symptoms subside, students require medical attention because there may be a delayed reaction. Take the student to hospital immediately in the ambulance.
- □ Have the parent / guardian or a school staff member accompany the student to the hospital.
- □ Provide ambulance and / or hospital personnel with a copy of the Severe Allergy Alert Form for the student and the time at which the EpiPen (epinephrine) or Medication was administered.

I understand why I have been asked to disclose the above student's identifying information and I am aware of the risks or benefits of consenting or refusing to consent to the disclosure. I voluntarily give the school consent to place a copy of this form in the student's cumulative student record, post this form including student's picture in appropriate locations within the school, take the Emergency Measures and share this information, as necessary, with the staff of the school and health providers.

Name of Parent/Guardian or Independent Student (Please print)	Signature of Parent/Guardian or Independent Student	Date: