

## INDIVIDUALIZED PLAN AND EMERGENCY PROCEDURES FOR A CHILD WITH AN ANAPHYLACTIC ALLERGY

**Child's Name:**

**Child's Date of Birth (dd/mm/yyyy):**

**List of allergen(s)/causative agent(s):**

•

**Asthma:**  Yes (higher risk of severe reaction)       No

**Location of medication storage:**

**Epinephrine auto-injector brand name:**

**Epinephrine auto-injector expiry date (dd/mm/yyyy):**

**Other emergency medications\*:**

**Emergency Services Contact Number:**

Photo of Child  
(recommended)

<b>CHILD'S SPECIFIC SIGNS AND SYMPTOMS OF A NON-LIFE THREATENING ANAPHYLACTIC REACTION:</b>	<b>CHILD'S SPECIFIC SIGNS AND SYMPTOMS OF A LIFE THREATENING ANAPHYLACTIC REACTION:</b>
<b>DESCRIPTION OF PROCEDURE TO FOLLOW IF CHILD HAS A NON-LIFE THREATENING ANAPHYLACTIC REACTION:</b>	<b>DESCRIPTION OF PROCEDURE TO FOLLOW IF CHILD HAS A LIFE-THREATENING ANAPHYLACTIC REACTION:</b>
<b>STEPS TO REDUCE RISK OF EXPOSURE TO CAUSATIVE AGENT/ALLERGEN:</b> <i>(e.g. nut-free environment)</i>	
<b>ADDITIONAL NOTES (if applicable):</b> <i>(e.g. use of other emergency allergy medication(s) to implement the emergency procedures)</i>	

**Special Instructions:**

- \*Written parental authorization for the administration of drugs and medications must be completed and implemented for medications other than epinephrine auto-injectors.
- Each child with an anaphylactic allergy requires their own individualized plan. If significant changes and updates are required to this individualized plan, a new individualized plan must be completed.
- Children's personal health information should be kept confidential.

## Parental Statement

I \_\_\_\_\_ (parent/guardian) hereby give consent for my child

\_\_\_\_\_ (child's name) to (check all that apply):

carry their emergency allergy medication in the following location (e.g. blue fanny pack around their waist):

self-administer their own medication in the event of an anaphylactic reaction

**AND/OR**

I \_\_\_\_\_ (parent/guardian) hereby give consent to any person with training on this plan at the home child care premises to administer my child's epinephrine auto-injector and/or asthma medication and to follow the procedures set out in my child's Individualized Anaphylaxis Plan and Emergency Procedures.

Parent/Guardian initials: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Contact Name	Relationship to Child	Primary Phone Number	Additional Phone Number

**HEALTHCARE PROFESSIONAL CONTACT INFORMATION: (optional)**

Contact Name	Primary Contact Number

**SIGNATURE OF HEALTHCARE PROFESSIONAL (optional)**

X	Date:
---	-------

**SIGNATURE OF PARENT/GUARDIAN (required)**

Print name:	Relationship to Child:
X	Date:

## Special Instructions:

- \*Written parental authorization for the administration of drugs and medications must be completed and implemented for medications other than epinephrine auto-injectors.
- Each child with an anaphylactic allergy requires their own individualized plan. If significant changes and updates are required to this individualized plan, a new individualized plan must be completed.
- Children's personal health information should be kept confidential.