OTTAWA-CARLETON
DISTRICT SCHOOL BOARD

Severe, Life Threatening Allergy Protocol Registration

(References: P.108.SCO and PR.547.SCO, PR.548.SCO and PR.632.SCO)

NOTE: Please type and submit the original, signed copy to your child's school principal in a timely manner. In the case of ongoing serious medical conditions (such as but not limited to severe, life-threatening allergies, diabetes, epilepsy, heart condition, asthma), this authorization will terminate on June 30 of each school year. Please ensure to notify the principal if the prescription changes or expires. This authorization may be cancelled upon receipt of written notification to the principal.

School Name: _____ Date: _____

Principal's Name: _____ Home Form Teacher's Name: _____

Student's Name: _____ Student No.: _____

Year/Grade: _____

Location of Auto-Injector (EpiPen® or Allerject™) on Student: _____

Pick-up/Drop-off Bus Route Numbers: _____

Transportation Address: _____

STUDENT'S PHOTO: PLEASE ATTACH A RECENT PHOTO OF STUDENT TO FORM

ALLERGIES: _____

Anaphylactic reaction (life-threatening) to (specify): _____

SYMPTOMS

An anaphylactic reaction can begin within seconds or exposure or after several hours. Any combination of the following symptoms may signal the onset of a reaction. Please indicate symptoms to watch for:

- ☐ Hives
- ☐ Itching (on any part of the body)
- ☐ Swelling (of any body parts, especially eyes, lips, face, tongue)
- ☐ Red watery eyes
- ☐ Runny nose
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Stomach cramps
- ☐ Change of voice
- ☐ Coughing (could sound like throat clearing)
- ☐ Wheezing
- ☐ Throat tightness or closing
- ☐ Difficulty swallowing
- ☐ Difficulty breathing
- ☐ Sense of doom
- ☐ Dizziness
- ☐ Fainting or loss of consciousness
- ☐ Change of colour
- ☐ Other _____

WARNING:

- Symptoms do not always occur in the same order or intensity, even in the same individuals.
- Time from onset of first symptoms to death can be as little as a few minutes if the reaction is

not treated.

- Even when symptoms have subsided after initial treatment, they can return as much as eight hours after exposure.

GENERAL COURSE OF ACTION

Administer Medication and Call Ambulance Even if Parents/Guardians Cannot be Reached

If there is ANY suspicion that the student may have been exposed to his/her life-threatening allergies or is displaying any of the above symptoms:

- Use Auto-Injector IMMEDIATELY – Storage Locations: _____
  - (It is highly recommended that each student carry an EpiPen® or Allerject™ at all times, with back-up kept in the office or accessible location.)
- The student should rest quietly.
- Send a runner to immediately notify the principal or designate to call Emergency 911 and have Auto-Injector (if NOT carried by the student) delivered to the room immediately by an adult.
- Do not send the child to the office. (Time is of the essence and supervision essential.)
- The student must be transported immediately to the hospital with extra Auto-Injectors to be administered approximately 10/15 minutes later if needed.
- Monitor the student until the ambulance arrives.
- Have the student ready to go.
- Call parents/guardians:

Parent/Guardian Name:_____

Parent/Guardian Contact Number(s):_____

OR

Parent/Guardian Name:_____

Parent/Guardian Contact Number(s):_____

OR

Emergency Contact Name:_____

Emergency Contact Number(s):_____

SPECIFIC COURSE OF ACTION: (To be completed by Allergist/Physician)

Tastes or ingests allergic substance:_____

Skin contact with allergen: _____

Smells an allergen substance: _____

Other: _____

Instructions re Ambulance: _____

Allergist/Physician's Name: _____ Telephone: _____

Allergist/Physician's Signature: _____ Date: _____

PARENT(S) / GUARDIAN(S) RESPONSIBILITY:

It is the responsibility of the parent(s)/guardian(s):

- To inform the principal of a pupil's medical needs if medication will be required during school hours;
- To inform the program supervisors of other OCDSB programs such as Lighthouse, or OCDSB facilitated programs such as Day Care, of a pupil's medical needs if medication will be required during their program hours;
- To request assistance of the school and discuss procedures that may be required;
- To ensure that accurate and up-to-date telephone contacts are available to the school;
- To submit all required documentation, such as a completed OCDSB 405: Emergency Use of an auto-injector and OCDSB 616: Severe, Life-Threatening Allergy Protocol Registration to the principal of the school.

Note: No medication may be left at school without authorization.

PARENT/GUARDIAN AUTHORIZATION RE: CONSENT TO RELEASE

I/we give consent for school staff to use and share the information provided in this form as required to attend to the education, health and safety of myself/my child. This may include:

- The pertinent information contained within will be shared with the Ottawa Student Transportation Authority and applicable contracted bus operators (including your child's bus driver where appropriate);
- Posting of the student's photograph (physical and/or electronic) in the school so that all staff, volunteers and visitors are aware of the medical condition;
- And any such other circumstances that may be necessary to ensure the health and safety of your child.

Parent/Guardian Signature (or student if 18 years or older): _____

Date: _____

PARENT/GUARDIAN AUTHORIZATION RE: CONSENT TO TRANSFER TO HOSPITAL

I/we give consent for my child to be transported to a hospital if deemed necessary by school staff, and if necessary, a staff member may also accompany my child during transport. Note: The principal shall decide if an ambulance is to be called.

Parent/Guardian Signature (or student if 18 years or older): _____

Date: _____

The personal information on this form is collected under the authority of the Education Act and will only be used to record parental authorization for the self-administration by the student of the named medication. Access to this information will be limited to those who have an administrative need, to the student to whom the information relates and the parent(s)/guardian (s) of a student who is under 18 years of age. If you wish to review this information or have questions regarding its collection, please contact your school principal.

The information collected will be protected against theft, loss and unauthorized use or disclosure.

THIS FORM MUST BE COMPLETED IN A TIMELY MANNER, INCLUDE ORIGINAL

SIGNATURE(S) AND SUBMITTED TO THE SCHOOL PRINCIPAL.

PRINCIPAL'S ACKNOWLEDGEMENT

I have reviewed the information provided in this form, obtained clarification if required, and acknowledge its receipt.

Principal's Signature: _____

Date: _____

A copy of this form must be kept with the Auto-Injector and in the student's classrooms, the lunchroom, and in other central locations where information regarding anaphylactic students is available.

Share this completed form with all of the student's teachers.

Use the review of this form as an opportunity to discuss the implementation of the guidelines with the parent(s)/guardian(s). Place a copy in the student's OSR folder.