



**EMERGENCY ACTION PLAN FOR STUDENTS WITH SPECIAL MEDICAL PROBLEMS**

*For Use Where Applicable (e.g. Classroom, Lunchroom, Out of School Programs)*

Student's Name: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_  
 Telephone - Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 Emergency: \_\_\_\_\_  
 Name of Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Place Student's Photo Here

{to be provided  
by parent}

**SPECIAL MEDICAL PROBLEM**

This student has:  Asthma  Epilepsy  Diabetes  
 Other: \_\_\_\_\_

**RESTRICTIONS** {List restrictions for this student, if any.}

\_\_\_\_\_

**POSSIBLE SYMPTOMS**

\_\_\_\_\_

**MEDICATIONS** {Note: If expiry date has passed, Medication will not be used. An ambulance will be called.}

\_\_\_\_\_

**Note:** Medication is Kept: \_\_\_\_\_

**EMERGENCY ACTION PLAN** {Note: Principals must fill out an O.S.B.I.E. Incident Form any time a student is taken by ambulance to a hospital as the result of the medical problem.}

\_\_\_\_\_

Signature of Doctor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Permission to Post (where applicable)  Yes  No

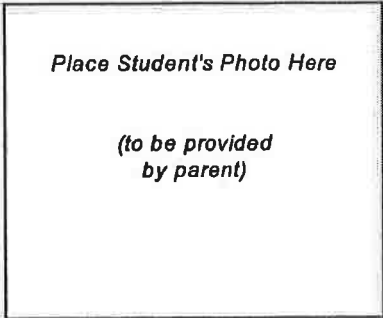


**EMERGENCY ACTION PLAN FOR STUDENTS WITH ANAPHYLAXIS**

*For Use Where Applicable (e.g. in: Classroom, Lunchroom, Staff Room, Office, Out of School Programs)*

Name: \_\_\_\_\_

Allergen(s): \_\_\_\_\_



**ALLERGY DESCRIPTION**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESTRICTIONS**

List restrictions for this student, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**POSSIBLE SYMPTOMS (order may vary)**

- flushed face, hives, swelling or itchy lips, tongue, eyes
- tightness in throat, mouth, chest
- difficulty breathing or swallowing, wheezing, coughing, choking
- vomiting, nausea, diarrhea, stomach pains
- dizziness, unsteadiness, sudden fatigue, rapid heartbeat
- loss of consciousness

**EMERGENCY ACTION PLAN**

*Principals must fill out an O.S.B.I.E. incident form any time a student is taken by ambulance to a hospital as the result of an anaphylactic reaction.*

**NOTE:** Epinephrine auto-injector (e.g. EpiPen®) are kept: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

**KNOW WHAT TO DO:** The first signs of reaction can be mild but symptoms can get much worse quickly.

- Use epinephrine auto-injector (e.g. EpiPen®) immediately.
- Call 911 and advise the dispatcher that a child is having an anaphylactic reaction.
- If ambulance has not arrived in 10-15 minutes and breathing difficulties are present, give a second epinephrine auto-injector (e.g. EpiPen®), if available.
- Even if symptoms subside entirely, this child must be taken by ambulance to the hospital.

Signature of Doctor: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

Date: \_\_\_\_\_

Permission to Post (where applicable)  Yes  No



**AUTHORIZATION OF ADMINISTRATION OF ORAL/TOPICAL MEDICATION**

**TO BE COMPLETED BY PARENT/GUARDIAN**

Name of Student			
Birthdate		Grade	
Address			
Postal Code		Telephone	
Parent's/Guardian's Name			
Business Address			
Postal Code		Telephone	

**PARENT/GUARDIAN APPROVAL**

I hereby request and give permission to {Name of School} \_\_\_\_\_ to administer oral/topical medication to my child according to School Board procedures and the instructions of the Physician. I also affirm that the medication provided is the medication stated on the container provided to the school.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**

Condition of Patient for which Oral/Topical Medication is Necessary	
Name of Medication	
Dosage or Amount to be Given Each Time	• As Indicated on Prescription Label
What Time(s) Dosage to be Given	• As Indicated on Prescription Label
Method of Administration (with Food?)	
Possible Side Effects	
Storage and Safekeeping Requirements for Medication	
Prescribing Physician's Name (Please Print)	
Office Address and Telephone Number	

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_