



ST. CATHERINE'S

St. Catherine's Elementary School

20244 32 Avenue, Langley BC V2Z 2E1

Tel: 604-534-6564; Fax: 604-534-4871

www.stcatherines.ca

Student Emergency Response Plan

A. To be completed by the parent/guardian			
Student Name (Last name, First name)	DOB (D/M/Y)	Gender M F	Personal Health #
Address	City/Province	Postal Code	
Student Home phone #	MedicAlert ID: YES NO		
Name of Father	Home Phone #	Business Phone #	
Name of Mother	Home Phone #	Business Phone #	
Name of Guardian	Home Phone #	Business Phone #	
Emergency Contact Person	Relationship to student	Phone #	
Alternate Contact Person	Relationship to student	Phone #	
B. To be completed by physician			
Allergy Description			
Food: _____			

Insect: _____			
Other: _____			
Symptoms to watch for (please check):			
<input type="checkbox"/> Itchy eyes, nose, face, body			
<input type="checkbox"/> Flushing/redness/warmth of face and body			
<input type="checkbox"/> Swelling of eyes, face, lips, tongue and throat (throat tightness), trouble swallowing			
<input type="checkbox"/> Nasal congestion or hay fever-like symptoms (runny itchy nose, watery eyes, sneezing, cough, hoarse voice, inability to breathe)			
<input type="checkbox"/> Hives/rash			
<input type="checkbox"/> Headache, nausea, pain/cramps, vomiting, diarrhoea, uterine cramps in females			
<input type="checkbox"/> Wheezing, shortness of breath, chest pain/tightness			
<input type="checkbox"/> Anxiety, feeling of foreboding, fear and apprehension			
<input type="checkbox"/> Weakness and dizziness/light-headedness, pale blue colour, weak pulse, shock			
<input type="checkbox"/> Loss of consciousness, coma			
<input type="checkbox"/> Other _____			

Name of medication:		Expiry Date:
<input type="checkbox"/> EpiPen auto-injector <input type="checkbox"/> Other _____		
Reason for medication:		
Method of Administration (<i>dosage, time of administration</i>)		
Self-administered? Y / N		
Additional instructions:		
What is the impact of a missed dose?		
_____	_____	Phone #
Name of Physician (print)	Signature of physician	Date
C. To be completed by the parent/guardian		
<ol style="list-style-type: none"> 1. I am aware of the CISVA's policy and the school's plan on treating students with a known risk of anaphylaxis/life threatening allergies 2. I agree that the above information is correct 3. If changes occur I will contact the school and provide revised instructions 4. I agree that if medication is required, I will supply it to the school in the original container with my child's name and the pharmacist's directions for use, including dosage 5. I am aware that no medication will be administered until this form is completed and returned 6. I am aware that the Public Health Nurse for the school will be informed of my child's condition and medication and that the nurse may contact me as necessary 7. I am aware that staff working with my child need to know of my child's condition and of the medication required 8. I am aware I am required to update this information each September. <p style="margin-top: 10px;">I authorize and request the administration of the above medication by the school and its employees.</p>		
_____		_____
Signature of parent/guardian		Date

D. To be completed by the principal or designate	
Staff designated to supervise/administer medication	
Alternate(s)	
Location of Medication in the School	
_____	_____
Name of Principal/Designate	Signature of Principal/Designate

	Date
E. Training Documentation	
Date of Training/Review	Name of Trainer
F. Procedures to deal with Allergies/Anaphylaxis	
<p>If you see symptoms of a severe allergic reaction or know that a child has eaten something they are allergic to:</p> <ol style="list-style-type: none"> 1. Administer the EpiPen. Don't hesitate. <ol style="list-style-type: none"> a. Pull off the gray safety cap b. Push black tip into outer thigh. If necessary, may be done through light or single layer of clothing (no thicker than jeans) c. Listen for a "click". Hold for 10 seconds. Remove and discard. d. <u>If symptoms persist or recur</u>, a second dose can be administered in 10 to 20 minutes (maximum 3 doses) 2. Have someone call 911. Tell them that a student has had an anaphylactic reaction. Give them the name of the address and school (use 911 protocol). 3. The student should rest quietly. Do not send the student to the office. 4. Help the student to remain calm and breathe normally. An adult must stay with the student. 5. Call the parents/guardians/emergency contact. 6. Observe and monitor the student until the ambulance arrives. 	