WDCC 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):

Photo of Child (recommended)

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(s):

CHILD'S SPECIFIC SIGNS AND SYMPTOMS OF A NON-LIFE THREATENING ANAPHYLACTIC REACTION: *(specific to the child, e.g. wheezing and itchy skin)*	**CHILD'S SPECIFIC SIGNS AND SYMPTOMS OF A LIFE THREATENING ANAPHYLACTIC REACTION:** *(specific to the child, e.g. inability to breathe, sweating)*
PROCEDURE TO FOLLOW IF CHILD HAS A NON-LIFE THREATENING ANAPHYLACTIC REACTION:	**PROCEDURE TO FOLLOW IF CHILD HAS A LIFE-THREATENING ANAPHYLACTIC REACTION:**
STEPS TO REDUCE RISK OF EXPOSURE TO CAUSATIVE AGENT/ALLERGEN: *(e.g. nut-free environment)*	
ADDITIONAL NOTES (if applicable): *(e.g. use of other allergy medication(s) to implement the emergency procedures)*	

Special Instructions:

- Please use a separate page if necessary.
- *Separate parental authorization for the administration of drugs and medications must be completed and implemented for medications other than emergency allergy procedures. Prescribed medications must have pharmacy labelling attached. Non-prescription medication must be accompanied by a separately signed Doctor's Note.
- 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.
- Personal health information will be kept confidential; however we post this plan in a staff accessible and food preparation areas.

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 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, but preferred)**

Contact Name	Primary Contact Number

SIGNATURE OF HEALTHCARE PROFESSIONAL (optional, but preferred)

X	Date:

SIGNATURE OF PARENT/GUARDIAN (required)

Print name:	Relationship to Child:
X	Date:

Special Instructions:

- Healthcare Professional would normally be a physician, pharmacist or other health care professional familiar with the child's condition, and has instructed the parent in administration of the above procedures.
- *Separate 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.
- Personal health information will be kept confidential, however we post this plan in a staff accessible and food preparation areas.