

Anaphylaxis Action Form—Child Care Services

Date Submitted: _____ Please Print

Child's Name: _____	Date of Birth: ____/____/____	Photo (optional)
Parent/Guardian: _____	Gender: _____	
Primary Contact Phone #: _____	What is your child allergic to? _____	
Emergency Contact: _____	_____	
Emergency Contact Number: _____	Medication: _____	
CareCard Number: _____	_____	

<p align="center">Anaphylaxis Prevention Strategies</p> <p><u>Parent Responsibilities:</u></p> <ul style="list-style-type: none">• Inform staff of allergy, emergency treatment and location of Epi-pen• Encourage child wears a medical Alert bracelet or necklace• Ensure child with food allergies only eats food/drinks from home• Discuss appropriate location of Epi-pen with the child and staff• Epi-Pen must be labeled with Child's Name <p><u>Staff Responsibilities:</u></p> <ul style="list-style-type: none">• Review and process Anaphylaxis Action Form received from the parents/guardians• Inform staff of the program's participant's allergies prior to starting program• Inform all staff (including any substitute staff) of child with anaphylaxis of the emergency treatment plan and location of Epi-pen• Avoid allergenic food in art/craft activities• Encourage children NOT to share food, drinks or utensils• Encourage children to wash/disinfect hands before and after meals/snacks• Provide alternative eating environment for children who have allergens included in their lunch/snacks <p><u>When on playing fields and/or participating in off-site outings:</u></p> <ul style="list-style-type: none">• Take Epi-pen and a copy of all program participant forms• Inform all staff of child with allergy and the emergency treatment plan• Inform destination facility of participant(s) with allergies• Request supervising adult be with child on bus and/or on transit (avoid eating	<p>Symptoms: check all that apply (parents complete):</p> <table border="0"><tr><td><input type="checkbox"/> swelling (eyes, lips, face, tongue)</td><td><input type="checkbox"/> coughing</td></tr><tr><td><input type="checkbox"/> difficulty breathing or swallowing</td><td><input type="checkbox"/> choking</td></tr><tr><td><input type="checkbox"/> cold, clammy sweating skin</td><td><input type="checkbox"/> wheezing</td></tr><tr><td><input type="checkbox"/> flushed face or body</td><td><input type="checkbox"/> voice changes</td></tr><tr><td><input type="checkbox"/> fainting or loss of consciousness</td><td><input type="checkbox"/> vomiting</td></tr><tr><td><input type="checkbox"/> dizziness or confusion</td><td><input type="checkbox"/> diarrhea</td></tr><tr><td><input type="checkbox"/> stomach cramps</td><td><input type="checkbox"/> other _____</td></tr></table> <p>Emergency Plan: Epi-pen at Camp? <input type="checkbox"/> YES <input type="checkbox"/> NO (if NO please state why below)</p> <p>If YES - Epi-Pen location: _____ (Recommended child carry Epi-Pen and/or it is placed in the staff emergency first aid pack)</p> <p>If NO – then please state reason: _____</p> <p>Standard Emergency Plan:</p> <ol style="list-style-type: none">1) Administer epinephrine auto-injector (Eg. Epi-pen or Allerject)2) Call 9113) Notify Parents4) Ambulance transports child to hospital	<input type="checkbox"/> swelling (eyes, lips, face, tongue)	<input type="checkbox"/> coughing	<input type="checkbox"/> difficulty breathing or swallowing	<input type="checkbox"/> choking	<input type="checkbox"/> cold, clammy sweating skin	<input type="checkbox"/> wheezing	<input type="checkbox"/> flushed face or body	<input type="checkbox"/> voice changes	<input type="checkbox"/> fainting or loss of consciousness	<input type="checkbox"/> vomiting	<input type="checkbox"/> dizziness or confusion	<input type="checkbox"/> diarrhea	<input type="checkbox"/> stomach cramps	<input type="checkbox"/> other _____
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I, (Parent/Guardian) print: _____	have read and agree with the Anaphylaxis Action Plan:
Signature: _____	Date: _____

How to use EpiPen® and EpiPen® Jr Auto-injectors.

Remove the EpiPen® Auto-Injector from the carrier tube and follow these 2 simple steps:

1



- Hold firmly with orange tip pointing downward.
- Remove blue safety cap by pulling straight up. Do not bend or twist.

2



- Swing and push orange tip firmly into mid-outer thigh until you hear a 'click'.
- Hold on thigh for several seconds.



Built-in needle protection

- When the EpiPen® Auto-injector is removed, the orange needle cover automatically extends to cover the injection needle, ensuring the needle is never exposed.



After administration, patients should seek medical attention immediately or go to the emergency room. For the next 48 hours, patients must stay within close proximity to a healthcare facility or where they can call 911.

For more information visit EpiPen.ca.

EpiPen® and EpiPen® Jr Auto-injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions. The packaging includes step-by-step illustrated oral administration instructions.



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