Anaphylaxis (Life Threatening Allergy) Infor Facility Name:		Emergency Plan for Address:	
Child's Full Name: Date of Birth: Parent/Guardian: Phone (home): Phone (work): Emergency Contact: Phone (home): Phone (work): Primary Care Provider: Office Phone:	Picture ID		
CHILD'S ANAPHYLAXIS TRIGGERS ARE: peanuts nuts milk all dairy eggs sheet Food additives (list): Insect stings (list): Medications (list): Other: CHILD'S ANAPHYLAXIS SYMPTOMS ARE USUALLY		Other Instructions: (it is the parent's responsite any change in the child's continued in the ch	, ,
□ swelling (eyes, lips, face, tongue) □ tingling of lips/mouth □ hives or itchy skin □ coughing or choking □ cold, clammy, sweaty skin □ flushed face or body □ fainting or loss of consciousness □ dizziness, confusion □ stomach cramps/diarrhea/vomiting □ change of voice □ difficulty breathing/swallowing □ heart rate changes (fast others (list):	st/slow)		Date Date
CHILD'S EMERGENCY TREATMENT: ☐ Medication is stored where? ☐ Epinephrine auto-injector – expiry date: ☐ Names of staff oriented to plan: ☐ Emergency plan review date (to do yearly): ☐ Field Trip Plans:		Childcare Supervisor/School Personnel Anaphylaxis Care Plan provided as a resource from Vancouver Coastal Health – Jan 2010	Date Vancouver Coastal Health

Promoting wellness, Ensuring care.