

Brooklin Mill Montessori School Inc.

Emergency Allergy Alert

Note: Please complete a separate form for each severe allergy. This form, together with the emergency allergy medication will be carried on all school outings.

Child's Name: _____

Emergency Contacts: (please present in the order you wish us to attempt contact, including parents)

Full Name	Contact Telephone #	Relationship / Comments:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Ontario Health Card # _____

Doctor's Name & Phone: _____

Conditions / foods that bring on the allergic reaction:

Signs / symptoms of an allergic reaction:

Treatment required in the event of an allergic reaction:

If applicable, please initial to indicate agreement with our EpiPen Protocol **OR** Please provide detailed instructions for the administration of any medication, including name of drug, dosage, timing / frequency of administration, expected side effects and any contra-indications (eg. do not administer if ..

EpiPen Protocol: *Please initial here if applicable, indicating your agreement.*

a) If you suspect that the child MAY be having a generalized reaction, take the child to the nearest hospital emergency room taking the EpiPens with you. *It is better to be over-cautious and a little embarrassed than to have wasted important time.*

b) If the child DEFINITELY develops an allergic reaction and exposure to the allergen is suspected **USE THE EPIPEN immediately.** Have someone call an ambulance and advise the dispatcher that a child is having an anaphylactic reaction. Keep the child calm and quiet. If the ambulance has not arrived in 10 - 15 minutes and breathing difficulties are present (eg. wheeze, cough, throat clearing), give a second EpiPen. If possible, have someone accompany the child to the hospital in the Ambulance with the additional EpiPen(s) as the Ambulance Attendants do not administer EpiPen. Even if the symptoms subside entirely, the child must be taken to the hospital immediately. **REMEMBER: If the EpiPen is given prematurely, it is not harmful - If in doubt, give the injection. The sooner a reaction is treated, the less severe it is likely to be.**

As the parent / guardian of the child named above, I authorize the staff at Brooklin Mill Montessori School to administer emergency allergy medication in accordance with the instructions I have provided above. I understand that in the event of an emergency the staff will make all attempts to reach me / us, however if we are unable to be contacted, I consent to have my child treated by an authorized medical practitioner.

_____	_____	_____
Date	Print Name of Parent / Guardian	Signature
_____	_____	_____
	Print Name of Parent / Guardian	Signature