



Photo ID

## STUDENT EMERGENCY PROCEDURE PLAN

School Year: \_\_\_\_\_

School Attended: \_\_\_\_\_

### INFORMATION AND PLAN WHILE IN THE CARE OF THE SCHOOL

Student Name: \_\_\_\_\_ Birth Date (Y.M.D.) \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Bus: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Potential Life threatening medical condition diagnosed as: \_\_\_\_\_

1. New Condition     Yes     No        Date Condition Identified: \_\_\_\_\_

2. Describe the potential problem: \_\_\_\_\_

Location of medication: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### PLAN WHILE IN THE CARE OF THE SCHOOL

The information for the school plan must be updated annually and when the child's condition changes. The plan is updated by the student/parent in consultation with the family physician, and reviewed as needed with the appropriate school staff in consultation with the Public Health Nurse.

- Symptoms to watch for: \_\_\_\_\_
- Precautions in the classroom are: \_\_\_\_\_

Emergency Plan that school staff need to follow (step by step):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

## Appendix C

<p style="text-align: center;"><b>Standard Emergency Response Anaphylaxis</b></p> <ol style="list-style-type: none"><li>1. Give students auto-injector</li><li>2. Call 9-1-1</li><li>3. Call Parent/Guardian</li><li>4. Give 2nd auto-injector within 10 - 15 minutes, or sooner, after dose given <b>if</b> symptoms have not improved.</li><li>5. Child must be transported to hospital.</li></ol>
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Medication Needed:  Yes  No      Name of Medication: \_\_\_\_\_

If Yes "Request for Administration of Medication at School" form Parts A, B, & C **must** be filled out and provided to the school.

NOTE: Medical Alert training is recommended annually/biannually to school personnel.

INFORMATION REVIEW by parent/guardian (minimum annually)

1. \_\_\_\_\_  
Date & Sign
2. \_\_\_\_\_  
Date & Sign
3. \_\_\_\_\_  
Date & Sign
4. \_\_\_\_\_  
Date & Sign
5. \_\_\_\_\_  
Date & Sign
6. \_\_\_\_\_  
Date & Sign

*The information on this form is collected under the authority of the School Act, sections 13 and 97. The information will be used for educational program purposes and when required, may be provided to health services or other support services as outlined in sections 97(20) of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the Information and Privacy Coordinator.*