



Calgary Board of Education

Severe Allergy Alert Form

Duty of Care (Revised - May 12, 2004)

(to be completed by Parent/Legal Guardian or Independent Student)

To be posted following Parent/Legal Guardian or Independent Student consent.

This form must be completed by a parent/legal guardian or independent student when a student's attendance at school is affected by a dangerous, life-threatening allergy. The information gathered in this form must be reviewed (and confirmed or updated) annually or sooner if the student's condition changes.

STUDENT'S NAME _____

ALLERGY - DESCRIPTION

This student has a **DANGEROUS**, life-threatening allergy to the following:

and all substances containing them in any form or amount, including the following kinds of items:

Place Student's Photo Here

AVOIDANCE

The key to preventing an emergency is **ABSOLUTE AVOIDANCE** of these allergens at all times.

GENERAL PRECAUTIONS

If assistance with administering medication may be required, complete Request for Assistance to Administer Medication Form

SYMPTOMS FOLLOWING EXPOSURE TO A PARTICULAR MATERIAL CAN INCLUDE:

- | | |
|---|--|
| <input type="checkbox"/> Hives and itchiness on any part of the body; | <input type="checkbox"/> Swelling of any body parts, especially eyelids, lips, face or tongue; |
| <input type="checkbox"/> Nausea, vomiting, diarrhea; | <input type="checkbox"/> Coughing, wheezing or change of voice; |
| <input type="checkbox"/> Difficulty breathing or swallowing; | <input type="checkbox"/> Fainting or loss of consciousness; |
| <input type="checkbox"/> Panic or sense of doom; | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Throat tightness or closing; | |

EMERGENCY MEASURES

- Get **EpiPen® (epinephrine)** or other **Medication** and administer immediately.
- **HAVE SOMEONE CALL AN AMBULANCE** and advise of need for an **EpiPen® (epinephrine)**.
- Unless student is resisting, lay student down, tilt head back and elevate legs.
- Cover and reassure student.
- Record the time at which **EpiPen® (epinephrine)** was administered.
- Have someone call the parent.
If the ambulance has not arrived in 10-15 minutes, and breathing difficulties are present, administer a second **EpiPen® (epinephrine)**.
- Even if symptoms subside, students require medical attention because there may be a delayed reaction, take the student to the hospital immediately in the ambulance.
- If possible, have the parent or a school staff member accompany the student to the hospital.
- Provide ambulance and/or hospital personnel with a copy of the Severe Allergy Alert Form for the student, and the time at which the **EpiPen® (epinephrine)** or **Medication** was administered.

I understand why I have been asked to disclose the above student's identifying information and I am aware of the risks or benefits of consenting or refusing to consent to the disclosure. I voluntarily give the school consent to place a copy of this form in the student's cumulative student record, post this form including student's picture in appropriate locations within the school, take the Emergency Measures and share this information, as necessary, with the staff of the school and health providers.

Name of Parent/Guardian or Independent Student (please print)	Signature of Parent/Guardian or Independent Student	Date:
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POST IN APPROPRIATE LOCATIONS WITHIN THE SCHOOL