

**Eunoia Forest School
Individualized Plan and Emergency Procedures
for a Child with an Allergy**

* denotes mandatory information



Child's **name**:

Date of birth:

Date plan completed:

Emergency Services: Call **911**

List of **causative agent(s)**:

Anaphylaxis: Yes No

Asthma: Yes (higher risk of severe reaction with anaphylaxis) No

Emergency Medications		
Name of Emergency Medication (include brand)	Expiry Date	Location

Does child have **permission to carry** emergency medication? Yes No

Location of **spare medication and supplies**:

Signs and symptoms of a <u>non-life threatening</u> anaphylactic reaction (specific to the child):	Signs and symptoms of a <u>life-threatening</u> anaphylactic reaction (specific to the child):
Monitoring strategies:	
* Procedures to follow if child has a <u>non-life threatening</u> anaphylactic reaction:	* Procedures to follow if child has a <u>life-threatening</u> anaphylactic reaction:

* Procedures to follow during an **evacuation** (e.g., ice packs for medication that requires refrigeration, how to assist the child to evacuate):

* Procedures to follow during **other emergencies**:

* Procedures to follow during **field trips**:

* **Steps to reduce risk of exposure** to causative agents (include **routine daily management strategies** and specify **who will and is authorized to perform** the strategies; specify what **accommodations** will be made, if necessary, to support the strategies and to support the child's participation in all Eunoia activities):

Any additional notes (e.g., what additional supports will be provided at Eunoia, notes and instructions from a health professional):

Instructions for **disposing** of medication:

- Eunoia's Emergency Management and Fire Safety/Evacuation Policy and Procedures was considered as this plan was created.
- The child's preferences were considered as this plan was created.
- This plan has been created in consultation with the child's parent/guardian.
- The parent/guardian has trained at least Eunoia's Owner/Operator or Designate on the procedures to follow if the child has an anaphylactic reaction.

Date of training: _____

Parental Statement

I, _____ (parent/guardian), hereby give consent for my child, _____, to:

- carry their emergency medication in the following location (e.g. blue fanny pack around their waist): _____

and/or

- self-administer their own emergency medication as needed

AND/OR

I, _____ (parent/guardian), hereby give consent for any person with training on this plan to administer my child’s emergency medication and to follow the procedures set out in this plan

AND/OR

I, _____ (parent/guardian), hereby give consent for my child’s signs and symptoms to be shared with their peers for the purpose of helping identify when a medical incident occurs

AND/OR

I, _____ (parent/guardian), hereby give consent for this plan to be shared with:

- all staff at Eunoia
- all volunteers at Eunoia
- the following members of the Eunoia team:

and/or

- third party contractors who have direct contact with my child, if deemed necessary by Eunoia staff.

Parent/guardian initials: _____

Communicating about this plan (specify the **format** and **frequency** for communication between a parent/guardian, the Owner/Operator or Designate, the child, health professionals, and/or Eunoia staff):

Emergency Contact Information

Contact Name	Relationship to Child	Primary Phone #	Additional Phone #

Signature of **health professional** (optional)

X	Date:
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* Signature of **parent/guardian**

Print name:	Relationship to Child:
X	Date:

Having seen that the parent/guardian consents for the child's signs and symptoms to be shared with their peers for the purpose of helping identify when a medical incident occurs, I Elisha Blair, hereby authorize such disclosure.

* Signature of **Owner/Operator**

X	Date:
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