

**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 Medication (include brand)	Expiry Date	*Location	*Location of Extras (N/A if no extras stored at Eunoia)	Disposal Instructions

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

*Monitoring strategies:	
Non-Life Threatening Reaction	<u>Life-Threatening</u> Reaction
*Signs and symptoms (specific to the child):	*Signs and symptoms (specific to the child):
* Procedures to follow:	* Procedures to follow:
*Procedures to follow in the event of any other medical emergency:	

* 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**:

* **Steps and Strategies 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):

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), acknowledge that I am responsible for notifying Elisha Blair or a staff member as soon as possible if there are changes to my child's medical needs.

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. Identify **any other individuals** who should be involved in communication about the plan):

***Emergency Contact Information – Provide contact information for at least 2 people**

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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