

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 the 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 Ellisha 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:
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X	Date:
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☐ 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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