



Of Rock and Chalk Ltd

Indoor Rock Climbing

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Individual Anaphylaxis Plan

All fields on this form **MUST** be filled out.

Child's Name: _____

This child has a potentially life-threatening allergy (anaphylaxis) to:

- | | |
|---------------------------------|--|
| <input type="radio"/> Peanut | <input type="radio"/> Other: _____ |
| <input type="radio"/> Tree Nuts | <input type="radio"/> Insect Stings: _____ |
| <input type="radio"/> Egg | <input type="radio"/> Latex |
| <input type="radio"/> Milk | <input type="radio"/> Medication: _____ |

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked/bulk foods or products with a "may contain" warning.

Epinephrine Auto-Injector: Expiry Date _____

Antihistamine: Expiry Date _____

Dosage: Allerject ___ mg EpiPen ___ mg Twinject ___ mg Other _____

Antihistamine Dosage: _____ mg

Location of auto-injector/inhaler/Antihistamine: _____

Asthmatic: Child is at greater risk. If child is having a reaction and has difficulty breathing, give Epinephrine auto-injector BEFORE asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, coughing
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/light-headed

Act quickly. The first signs of a reaction can be mild but symptoms worsen quickly.

1. **Give epinephrine auto-injector** (e.g. EpiPen, Twinject or Allerject) and Antihistamine (if provided) at the first sign of a reaction. Give a second dose in 10 to 15 minutes or sooner IF the reaction continues or worsens.
2. **Call 911.** Tell them someone is having a life-threatening allergic reaction.
3. **Go to the nearest hospital**, even if the symptoms are mild or have stopped.
4. **Call Contact person.**

Emergency Contacts (if primary and secondary contacts cannot be reached)

Must be an adult, 16 years or older, that can assume responsibility for the child.

1) Name		Relationship:	
Address:		City:	
Day Phone #:		Cell Phone #:	
2) Name		Relationship:	
Address:		City:	
Day Phone #:		Cell Phone #:	
Who is permitted to train the staff at Of Rock and Chalk? <input type="radio"/> The Supervisor or Designate <input type="radio"/> Parent/Guardian			
<input type="radio"/> I would like to attach additional information to my child's Individual Plan			

Parent/Guardian Name

Parent/Guardian Signature

Date