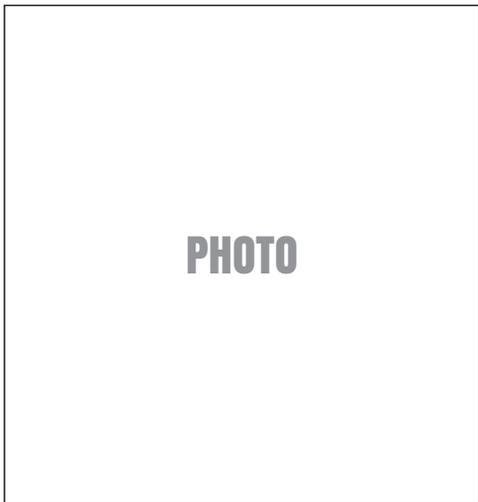




ANAPHYLAXIS EMERGENCY PLAN

PARTICIPANT: _____



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

- Food(s): _____
- Insect Stings: _____
- Other: _____

This person has Epinephrine Auto-Injector(s): Eg. EpiPen, 0.30mg

Brand: _____

Dosage: _____ mg Expiry (dd/mm/yyyy): _____

Number of Auto-Injector(s): 1 2 (recommended)

Location of Auto-Injector(s): _____

- Previous anaphylactic reaction: Person is at greater risk
- Asthmatic: Person is at greater risk. If person is having a reaction and has difficulty breathing, give Epinephrine Auto-Injector BEFORE asthma medication.

ANAPHYLACTIC SIGNS/SYMPTOMS

- **Skin System:** hives, swelling (face, lips, tongue), itching, warmth, redness
- **Respiratory System (Breathing):** coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, trouble swallowing, nasal congestion or hay-fever like symptoms (runny, itchy nose, watery eyes, sneezing)
- **Gastrointestinal System (stomach):** nausea, pain or cramps, vomiting, diarrhea
- **Cardiovascular System (heart):** paler than normal skin colour/blue colour, weak pulse, passing out, dizziness/lightheadedness, shock
- **Other:** Anxiety, sense of doom (sense that something is about to happen), headache, uterine cramps, metallic taste.

Early recognition of symptoms and immediate treatment could save a person's life

EMERGENCY PROCEDURE

1. Give epinephrine auto-injector (eg. EpiPen) at the first sign of a known or suspected anaphylactic reaction.
2. Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction
3. Give a second dose of epinephrine as early as 5 minutes after the first dose if there is no improvement in symptoms.
4. Go to the nearest hospital (ideally by ambulance), even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally 4-6 hours).
5. Call the emergency contact person (e.g. parent, guardian)

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE	CELL PHONE

The undersigned participant/parent/guardian authorizes "CARA SUMMER PROGRAM" to post the Anaphylaxis Emergency Plan onsite and to administer epinephrine to the above named person in the event of an anaphylactic reaction, as described above.

Participant/Parent/Guardian Signature

Date