

Anaphylaxis Individual Emergency Plan: _____ (child's name)

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

Please attach current photo of your child.

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

Dosage: EpiPen Jr. 0.15mg EpiPen 0.30mg
 Twinject 0.15mg Twinject 0.30mg

Location of auto-injector(s): _____

Asthmatic: Person is at greater risk. If person 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, cough
- **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 very quickly.

1. **Give epinephrine auto-injector** (e.g. EpiPen or Twinject) 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 that someone is having a life-threatening allergic reaction.
3. **Go to the nearest hospital,** even if symptoms are mild or have stopped.
4. **Call contact person.**

Emergency Contact Information:

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes YMCA staff to administer epinephrine to the above-named in the event of an anaphylactic reaction. This protocol has been recommended by patient's physician.

Who is permitted to train the staff at your child's centre:

The YMCA Supervisor (name: _____)

Doctor

Parent/Guardian

I would like to attach additional information to my child's Individual Plan

Parent/Guardian Signature Date OR _____
Physician's Signature Date