

Parent/Guardian  
Anaphylaxis Package



Rotherglen School  
2021-2022



ROTHERGLEN SCHOOL  
WHAT SCHOOL SHOULD BE

August 2021

Dear Parents/Guardians:

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## Anaphylaxis Package 2021-2022

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Our records indicate that your child has a serious or life threatening allergy. Attached please find our Anaphylaxis Package for 2021-2022. This information will be kept in the office and your child's *Anaphylaxis Emergency Treatment Plan* will be provided to his/her homeroom teacher, specialty teachers, and posted in the staff room prior to the first day of the upcoming school year. So that we can ensure your child begins next year with all of his/her current medical information available, we ask that all forms marked **Return to Office** be signed and returned to the school by **Thursday, August 26, 2021**. If your child requires an epi-pen, an additional epi-pen must be delivered to the office on or before Tuesday, September 7, 2021.

If you have any questions or concerns, please do not hesitate to contact the school office.

Sincerely,

J. Snyder  
Head of School



ROTHERGLEN SCHOOL  
WHAT SCHOOL SHOULD BE

Dear Parents/Guardians:

**Re: PARENTS TO SUPPLY TWO EPIPENS - ONE TO BE KEPT  
IN SCHOOL OFFICE**

Rotherglen School follows the Peel District School Board protocol for students diagnosed with anaphylaxis to have two EpiPens at the school. This protocol is based on the legislated obligation of parents/guardians supply the life saving medication required by their child. Rotherglen School follows best practices as outlined by Anaphylaxis Canada. Please refer to the following

*Frequently Asked Questions - Epinephrine* from Anaphylaxis Canada.

**“How many EpiPens Should I Carry?”**

There should be at least two doses of epinephrine available at all times. A second dose could be required 10-20 minutes after the first if the reaction is continuing. The situation could occur where:

- The reaction is very severe, requiring a second dose
- The dose given is inadequate
- The injector is faulty
- The administration of the EpiPen was faulty
- Ambulance takes longer than 10-20 minutes to arrive at the location of the anaphylactic student

Source: <http://www.anaphylaxis.ca/content/whatis/qa.asp>

To ensure your child has sufficient medication at school in case of an emergency situation, please provide two EpiPens.

Thank you,

J. Snyder  
Head of School



Dear Parents/Guardians:

**Re: STUDENTS CARRYING THEIR EPIPEN**

Rotherglen School follows the Peel District School Board protocol for students diagnosed with anaphylaxis. All students with anaphylaxis are to carry their EpiPen with them at all times. This protocol is based on the legislated requirements of Sabrina's Law on how the school can best fulfill its responsibility of responding to an emergency anaphylactic situation in the most efficient and safest way possible for the student. Rotherglen School follows best practices as outlined by Anaphylaxis Canada.

**“Where should I keep my EpiPen?”**

“Given the rapidity with which symptoms can develop and progress, epinephrine must be available immediately. For this reason it is recommended that anaphylactic people carry their epinephrine at all times.”

- It makes no sense for the auto injector to be in the office while a food allergic child is eating in the lunchroom or an insect sting allergic child is playing outside.
- In the school environment, students move to different areas in the school (computer lab, library, gymnasium and to the outside playground during recess). The only reliable, consistent place for the epinephrine is with the student.
- The amount of time it would take to access the EpiPen (located in the office/classroom) when the child is at another location in the school (e.g. outside playground) could possibly place the child at a life threatening risk.

Source: <http://www.anaphylaxis.ca/content/whatis/qa.asp>

Please assist us in having the life saving medication readily available in an emergency situation, by having your child carry their EpiPen *at all times*.

Thank you,

J. Snyder  
Head of School



**ROTHERGLEN SCHOOL**  
**PARENT/ GUARDIAN - ANAPHYLAXIS PACKAGE**  
**2021-2022**

Rotherglen endeavours to provide a safe environment for children with life threatening allergies – a ‘minimized allergen environment.’ *It is NOT possible for the school to totally eliminate the risk of your child coming into contact with a life threatening allergen in the school environment and/or at off site locations (e.g. field trips).*

The school’s emergency treatment plan, in the event of exposure to a life threatening allergen as recommended by Anaphylaxis Canada, is as follows –

- **A** Administer the auto-injector immediately the child displays any of the anaphylactic symptoms.
- **C** Call 911
- **T** Transport the child by ambulance to hospital even if symptoms subside.

*(The school does not have the facilities nor the qualified personnel to ‘wait and see’ if the symptoms get worse before administering the auto-injector)*

**SABRINA’S LAW: An Act to Protect Anaphylactic Pupils, 2005.**

*Excerpts:*

**Obligation to keep a school informed:**

(1.1) It is the obligation of the pupil’s parent or guardian and the pupil to ensure that the information in the pupil’s file is kept up-to-date with the medication that the pupil is taking.

(6) The pupil’s file must contain: a copy of any prescriptions and instructions from the pupil’s physician or nurse OR a photocopy of the prescription label on the auto-injector and a current emergency contact list.

**PARENT/GUARDIAN OBLIGATIONS:**

To comply with the above obligations, we request that you complete and return the following forms to our school office before **Thursday, August 26, 2021**:

- 1. REQUEST AND CONSENT FOR THE ADMINISTRATION OF EPINEPHRINE FORM**
- 2. COPY OF THE PRESCRIPTION or a photocopy of the prescription from the auto-injector label.**
- 3. INDIVIDUAL STUDENT PLAN**
- 4. ANAPHYLAXIS EMERGENCY TREATMENT PLAN (include recent photo of your child)** *The Anaphylaxis Emergency Treatment Plan will be posted in the Staff Room and in the classroom (parent permission) to identify your child to staff.*
- 5. PARENT/PHYSICIAN REQUEST FOR SCHOOL PERSONNEL TO ADMINISTER PRESCRIBED ROUTINE MEDICATION (if required)**

Inform the school administrator or designate about your child’s life threatening allergies.

Advise the school if/when your child outgrows an allergy or no longer requires an epinephrine auto-injector. (A letter from the child's allergist is required.)

Provide the school with **TWO** epinephrine auto-injection kits.

(Parents should keep a log of expiry dates and replace outdated auto injectors)

- Auto-injector should be in a protective container labeled with the child's name and prescription details.
- One of the auto-injectors is to be carried/worn by the student at all times.
- Students with venom allergies (e.g. bee stings) to be carried/worn during bee season)
- The second auto-injector is to be stored in a secure but not locked location for easy access e.g. health room.

Meet with school administration/teacher(s) and provide information and in service support as requested.

Communicate with school staff about field trip arrangements.

Provide your child with allergen free food products when requested for activities and special events.

Provide for a Medical Alert identification for your child.

Support the school in its efforts to have your child carry/wear their epinephrine auto-injector at all times.

Teach your child:

- about his/her allergy and substances (allergens) that trigger a reaction
- strategies about how to avoid potentially life threatening allergens
- how to recognize the symptoms of an anaphylactic reaction
- how to communicate clearly to a responsible adult that he/she is an anaphylactic student when he/she feels a reaction starting or a general feeling of *unwellness*
- the importance of carrying their auto-injector on their person at all times
- the importance of wearing/carrying their Medic Alert identification
- to only eat foods approved by parent/guardian
- not to eat if they do not have their auto-injector with them
- how to self administer the epinephrine auto-injector
- not to share snacks, lunches or drinks, food utensils, food containers and to place a barrier (e.g. placemat) between their food and the table where they are eating
- the importance of hand washing
- how to advocate for themselves by explaining their life threatening allergy to strangers, friends, adults and/or significant others
- to report all incidents of teasing and bullying to an adult in authority
- communicate immediately to a friend, a responsible adult, teacher etc if they are aware of accidental exposure or an impending reaction
- strategies on how to deal with and resist peer pressure
- not to go off alone (e.g. washroom) unaccompanied if they are experiencing an allergic reaction or feeling unwell. If they lose consciousness they will not be able to ask for help
- when age appropriate – how to deal with awkward situations such as advising their date of their life threatening food allergy before engaging in any physical contact such as kissing

## **CHILD/STUDENT INFORMATION AND RESPONSIBILITIES:**

Carry your epinephrine auto-injector on your person at all times.

Carry/wear your Medic Alert identification at all times.

Have an age appropriate understanding of your life threatening allergy, its triggers, the symptoms of an anaphylactic reaction, how to administer an auto-injector and how to access assistance from an adult in authority.

Select a friend (buddy) who you can advise if a reaction is occurring and can get help when necessary from an adult in authority.

Promptly inform a responsible adult that you have a life threatening allergy as feeling of unwellness.

Eat lunch with friends who are informed about your allergy and are able to help you if you have a reaction. These friends would know the location of your auto-injector and age appropriate (secondary school) when and how to use it.

Comply and assist, where possible, the administration of the auto-injector from an adult in authority.

Avoid hazardous allergens.

- For food allergies, eat only food items approved by parent/guardian
- (No trading or sharing of foods, food utensils and food containers
- Place a barrier (e.g. placemat) between your food and the table you are eating on

NOT TO EAT if you do not have your epinephrine auto-injector readily accessible.

For allergies to bee stings/latex etc. do a check of your environment first to ensure harmful allergens are not present before participating in activities.

Wash hands on a regular basis especially before and after eating.

NOT to go off alone (e.g. washroom) when experiencing an allergic reaction or feeling unwell. No one will be able to assist if you lose consciousness.

Report to a responsible adult any and all occurrences of teasing, bullying or threats related to your allergy.



## REQUEST AND CONSENT FOR THE ADMINISTRATION OF EPINEPHRINE 2021-2022

**This form is completed when the school agrees with the parental request to administer medication for life threatening allergies. A new form is required: a) at the initiation of this process; b) at the beginning of each school year; c) when the medication changes. Staff agreeing to administer medication will do so according to the information in this form only.**

**A. TO BE COMPLETED BY THE PARENT GUARDIAN (Please Print)**

Student Name:			
Date of Birth (dd/mm/yy)	Gender: M    F	Medic Alert ID: Y N	ID #:
Grade:	Room:	Teacher:	
Name of Father:	Home Tel.#	Bus. Tel.#	Cell Tel.#
Name of Mother:	Home Tel.#	Bus. Tel.#	Cell Tel.#
Name of Guardian:	Home Tel.#	Bus. Tel.#	Cell Tel.#
Emergency Contact:	Home Tel.#	Bus. Tel.#	Cell Tel.#

**B. TO BE COMPLETED BY PARENT/GUARDIAN**

**STATEMENT OF UNDERSTANDING**

Regarding Parent Requests to provide Prescribed Medication (Epinephrine) to students by Employees of Rotherglen School.

As the Parent(s)/Guardian of (print name of student) \_\_\_\_\_, I (we) accept and endorse the following five terms and/or conditions pertaining to my(our) request for Rotherglen employees to provide my(our) child with the epinephrine prescribed under the authority and supervision of the doctor named in Part C of this form. Specifically, I/we understand and accept that:

1. I/we are responsible for providing and maintaining two Epinephrine auto injectors. One our child will carry/wear at all times. Other to be stored in a secure and accessible location in the school (eg. health room).
2. I/we are responsible for providing a copy of the prescription and instructions from the child's physician or nurse for my(our) child's file. Alternatively, a photocopy of the prescription label is acceptable.  
(Please note: Where there has been no change in the child's condition or treatment strategy from the previous year, parents may authorize continuation of the Anaphylaxis Emergency Treatment Plan without proof of diagnosis – 'copy of the prescription' - with initials below.)
3. Rotherglen employees are not trained health professionals and hence may not recognize the symptoms of my(our) child's medical condition. I/we realize that the school does not have the facilities nor the qualified and trained health professionals to 'wait and see' what happens before administering the Epinephrine auto- injector.
4. The Emergency Action plan following the best advice from Anaphylaxis Canada isto:
  - A Administer the auto-injector immediately at the first sign of symptoms;
  - C Call 911
  - T Transport to hospital by ambulance.
5. Epinephrine auto-injectors supplied to the school will be in clearly labeled containers which display
  - a) name of your child
  - b) name of prescribing doctor, and;
  - c) expiry date

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



**C. TO BE COMPLETED BY THE PARENT/GUARDIAN:**

Name of child's physician/allergist: \_\_\_\_\_

Contact number: \_\_\_\_\_

Child's Life Threatening Allergens (please list):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please outline how the allergen(s) has to come in contact with your child in order to trigger an anaphylactic reaction. (e.g. ingestion, physical contact with hands, face; other):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prescribed Medication:

\_\_\_\_\_  
\_\_\_\_\_

Additional instructions as needed:

\_\_\_\_\_  
\_\_\_\_\_

**D. TO BE COMPLETED BY PARENT/GUARDIAN:**

**REQUEST AND CONSENT FOR THE ADMINISTRATION OF EPINEPHRINE**

Insofar as it concerns my/our child (print child's full name) \_\_\_\_\_

a student attending (print school name) \_\_\_\_\_

I/we:

- I. have read and understand the information conveyed in this "Request and Consent for the Administration of Epinephrine" form;
- II. agree to comply with the responsibilities described in Part B above;
- III. request that the medications listed in Part C of this form be administered to my child according to the prescription information provided by the prescribing physician.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note: This request will terminate on June 30, 2022**

***Return to Office - Pg. 2 of 5***



# INDIVIDUAL STUDENT PLAN

STUDENT'S NAME: \_\_\_\_\_ TEACHER: \_\_\_\_\_

**Please check off your child's known life threatening allergens:**

- Peanuts     Tree nuts     Eggs     Milk & Milk Products     Fish/Shellfish
- Insect stings     Latex
- Other \_\_\_\_\_

<b>Accommodation(s) for the student:</b>		
Please list any accommodations specific to your child		
<b>Specific to Hot Lunch Days at School - My/our child ...</b>		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has permission to participate in the pizza/sub days
Other points:		
<b>Specific to School Celebrations - My/our child...</b>		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has permission to participate in eating food during school/class celebrations
If Yes, then the following conditions apply:		

**EPI PEN - Epinephrine Auto Injector:**

**School Protocol is for the student to have TWO EpiPens at the school**

The expiry dates are: 1. \_\_\_\_\_ / \_\_\_\_\_ which will be on his/her person at all times.  
 2. \_\_\_\_\_ / \_\_\_\_\_ which will be kept in the office health room.

It will be the responsibility of the parent(s) to ensure the EpiPens are kept current during the school year.

I consent to the sharing of this information with staff and with students at an age appropriate level.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Designate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ANAPHYLAXIS EMERGENCY TREATMENT PLAN 2021-2022

**Early recognition of symptoms and immediate treatment could save this person's life.**

This information is collected pursuant to the Education Act and The Municipal Freedom of Information and Protection of Privacy Act, 1992.



**My child \_\_\_\_\_ has a potentially life-threatening allergy (anaphylaxis) to:**

- Peanut    Tree Nuts    Egg    Milk    Insect Stings
- Latex    Other: \_\_\_\_\_
- Asthma    Medication: \_\_\_\_\_

**SIGNS AND SYMPTOMS; Think F.A.S.T.:**

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

- F. Face:** hives, rash, itchiness, redness, swelling of face and tongue
- A. Airway:** coughing, wheezing, throat tightness, trouble breathing swallowing or speaking
- S. Stomach:** a stomach pain, nausea, vomiting, diarrhea
- T. Total:** anxiety, weakness, pallor (paleness) sense of doom, loss of consciousness

**TREATMENT: Think - A.C.T.**

- A. Administer** the epinephrine auto injector (EpiPen) IMMEDIATELY, at the first sign of a reaction, in conjunction with the child's contact with their life threatening allergen. Administer the injection in the lateral (outer) location of the thigh. Inject and count for 10 seconds. Remove the EpiPen, check needle is showing and massage area for 10 seconds. A second dose may be administered 10-15 minutes or sooner, if symptoms have not improved or worsened.
- C. Call** 9-1-1. When informing the dispatcher, use the term "ANAPHYLACTIC" reaction.
- T. Transport** to hospital by ambulance. Student MUST go to the hospital even if symptoms are mild or have stopped. Call parents/guardians.

**Emergency Contact Information:**

Name	Relationship	Home Phone	Work Phone	Cell Phone

- The undersigned parent or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above.
- Parent/guardian grants permission for a copy of this form to be posted in the staff room and in child's classroom.

\_\_\_\_\_  
Patient/Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's signature (optional)



**PARENT/PHYSICIAN REQUEST FOR SCHOOL PERSONNEL TO ADMINISTER PRESCRIBED  
ROUTINE MEDICATION  
2021-2022**

*To be completed by Parent/Guardian*

**NAME OF STUDENT:** \_\_\_\_\_

Date of Birth: YYYY/MM/DD \_\_\_\_\_ Health Card # \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ Business: \_\_\_\_\_

**Contact in case of emergency:** \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ Business: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication Prescribed: \_\_\_\_\_

Dosage \_\_\_\_\_ Time of Administration: \_\_\_\_\_

Duration: \_\_\_\_\_

Why is this medication required? \_\_\_\_\_

Special Instructions (Storage, etc.): \_\_\_\_\_

Any specific side effects to your child? \_\_\_\_\_

***With an increasing number of children on daily medications, it is essential that the above information be known.***

I understand the reason(s) for and the nature of the administration of prescribed routine medication and I consent to administration of such medication. This consent is valid until **June 30, 2022**. Consent can be withdrawn by written notice to Rotherghlen School.

In the event that there are any changes or modifications to the administration of my child's prescribed routine medication, I agree to provide Rotherghlen School with a revised form. I/We hereby release, hold harmless and forever discharge Rotherghlen School and any of its respective directors, officers, employees and agents, for any and all actions, causes of action, claims and demands for damages, indemnity, costs, interest, loss or injury of every nature and kind whatsoever and howsoever which I/ we have had, may now have or may hereafter have, in any way arising from the administration of prescribed routine medication.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_