



# Allergy/Anaphylaxis Emergency Plan

(Recreation & Leisure Services Department)

Participant: \_\_\_\_\_ Program: \_\_\_\_\_ Enrolment Date: \_\_\_\_\_

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

- Peanut
- Tree Nut
- Egg
- Latex
- Dairy: \_\_\_\_\_
- Medication: \_\_\_\_\_
- Insect Stings: \_\_\_\_\_
- Other: \_\_\_\_\_

**Attach  
PHOTO  
Here**

**Epinephrine Auto-Injector:** Expiry Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- EpiPen Jr (0.15 mg)
- EpiPen (0.30 mg)

**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.

**ANAPHYLACTIC SIGNS/SYMPTOMS** – A person having an anaphylactic reaction might have ANY of these symptoms:

- **Signs and Symptoms Parent has witnessed:** \_\_\_\_\_
- **Skin:** swelling (eyes, lips, tongue), itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, coughing/choking, hoarse voice, chest pain/tightness, nasal congestion, or hay-fever-like symptoms (runny, itchy nose and watery eyes, sneezing), difficulty breathing/swallowing
- **Gastrointestinal (stomach):** Nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** Pale/blue colour, weak pulse, confusion, dizzy/light-headed, fainting/loss of consciousness, shock, sweaty, clammy skin, flushed face/body
- **Other:** \_\_\_\_\_

**EMERGENCY PROCEDURE**

1. **Administer Epinephrine Auto-Injector** (e.g. EpiPen® or Twinject™) at the first sign of reaction in conjunction with a known/suspected contact with allergen. Give a second dose in 10-15 minutes or sooner **IF** reaction continues or worsens.
2. **Call 911.** Tell them a person is having a life threatening allergic reaction. Ask them to send an ambulance immediately.
3. **Call emergency contact(s).**

**EMERGENCY CONTACT INFORMATION**

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned parent/guardian authorizes staff or volunteer to administer epinephrine to the above named person in the event of an anaphylactic reaction, as described above. The undersigned parent/guardian has reviewed and approved this child's Anaphylaxis Emergency Plan.

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

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