

# HEALTH FORM AND ANAPHYLAXIS EMERGENCY PLAN

For elementary schools served by

CLSC of Gatineau

La Gappe, Le Guerrier and St-Rédempteur

## 1. RESPONSABILITIES – SCHOOL SETTING – ELEMENTARY SCHOOL

### 1.1. Health form procedures

- The health form is distributed to parents.
- On the first days of school, the student returns the health form to the teacher, duly filled out and signed.
- **A person designated by the school** ensures that the health form is properly filled out, if not it is to be returned to the parent on the same day. In the case of a severe allergy with an auto-injector, she also ensures that the anaphylaxis emergency plan on the back side of the health form is completed and signed.
- On a class list, **the person designated by the school** checks off when health forms have been returned and indicates the health concern, when there is one, next to the child's name.
- **A person designated by the school** forwards all the health forms to the school secretary in a envelope by group class. These envelopes contain the class list with health concerns on it and also the health forms in two piles. The first one contains the forms with health concerns and the second one contains forms without any health concerns.
- **The secretary** forwards to the nurse only photocopies (duplex copying) of the health forms with health concerns and the teacher's class list that the person designated by the school completed, at the latest by the end of the first week of the school year.
- **The nurse** proceeds to evaluate the health forms that have health concerns indicated on them and then forwards the documents necessary for the child's follow-up to the school administration.
- **The nurse** then proceeds to teach, when necessary, the concerned individuals.
- **The school administration** is responsible for forwarding the health-form follow-ups to the targeted individuals (ex: teachers, day care staff, lunch monitors, professionals, etc.).
- **The school administration** is responsible of diffusing a list of all the children presenting particular health concerns to school staff. The school administration ensures that emergency intervention plans are posted and manages the medications involved (auto-injectors, diabetic kits, etc.)

School year 2017-2018  
**HEALTH FORM - ELEMENTARY**

Please fill out and return by tomorrow

Name : \_\_\_\_\_ First Name: \_\_\_\_\_  
 Sex : M  F  Birth date : \_\_\_\_\_  
 Teacher's name \_\_\_\_\_ Grade level : \_\_\_\_\_  
 Medicare number : \_\_\_\_\_ Expiration date : \_\_\_\_\_  
 Address : \_\_\_\_\_ Apartment : \_\_\_\_\_  
 City : \_\_\_\_\_ Postal Code : \_\_\_\_\_

|   |   |
|---|---|
| Father's name : _____<br>☎ Home : _____<br>☎ Work : _____ Ext. _____<br>Cellular or pager # : _____<br>E-mail : _____ | Mother's name : _____<br>☎ Home : _____<br>☎ Work : _____ Ext. _____<br>Cellular or pager # : _____<br>E-mail : _____ |
|---|---|

**In the event a parent is unreachable please provide alternate contacts :**

| Name | Relationship | Home Phone | Work Phone | Cell Phone |
|------|--------------|------------|------------|------------|
|      |              |            |            |            |
|      |              |            |            |            |

Please advise the school as soon as possible of any change of telephone number or address.

In order to ensure the security of your child, the school must be informed of any **health problem that might necessitate an emergency intervention at school** (severe allergy, severe asthma, diabetes and/or epilepsy) or any other health concern needing a particular care.

**Does your child have :**

Severe allergy with auto-injector? : Yes  No  **If yes, fill out emergency plan on reverse side** ►

Asthma : Yes  No  Inhaler : Yes  No  Requires assistance : Yes  No

Diabetes : Yes  No

Epilepsy : Yes  No

Other : \_\_\_\_\_

**Does he/she take any medication?** Yes  No  Please specify \_\_\_\_\_

***Please provide the emergency medication as of the first day of school and ensure that it remains valid for the whole school year (take note of expiry date).***

**PHYSICAL EDUCATION**

Is there any contra-indication for your child to participate in physical education class? Yes  No

► If yes, a recent medical certificate is required for exemption or limitation in physical activity.

In case of accident or illness, school staff will administer first aid, will ensure the student receives the care needed and will notify parents as soon as possible. Ambulance transport fees in case of emergency will be charged to the parents.

Note: Information contained on this health form will be transmitted, if needed, to the CISSSO nurse and to school staff that may need to intervene in case an emergency should arise with your child.

\_\_\_\_\_ Date

Parents or Guardian signature

## For students with severe allergy and auto-injector only

### Anaphylaxis emergency plan

Name of student: \_\_\_\_\_ Birth date: \_\_\_\_\_ Group / Level : \_\_\_\_\_

**This person suffers from anaphylaxis; an allergy could be fatal for him/her.**

**Attach your child's  
recent picture**

**Check appropriate box:**

Peanuts  Insects bites   
Nuts  Latex   
Eggs  Other, specify :  \_\_\_\_\_  
Milk

Expiry date \_\_\_\_\_ / \_\_\_\_\_  
Month / Year

**For elementary schools only :**

Epinephrine auto-injector  0,15mg (weight from 15 to 30kg)  
 0,30mg (weight ≥ 30kg)

Auto-injector accessible :  At the waist  in a place designated by the school

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.

**An anaphylactic reaction can manifest itself with ANY ONE of the following symptoms**

- **Skin:** Hives, swelling, itchiness, redness, warmth.
- **Respiratory system:** Wheezy breathing, shortness of breath, choking, cough, hoarse voice, tightness of the chest, nasal congestion or hay-fever –like symptoms (runny nose or itchy nose, watery eyes, sneezing) difficulty swallowing.
- **Gastro-intestinal system** (stomach): nausea, cramps or pain, vomiting, diarrhea.
- **Cardiovascular System** (heart): pale or bluish skin, weak pulse, loss of consciousness, dizziness, light-headedness, state of shock.
- **Other symptoms:** anxiety, feelings of distress, headache.

**Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly**

1. **Administer the epinephrine auto-injector** at the first sign of a reaction occurring in conjunction with a known or suspected allergen contact.
2. **Call 911.** Tell them someone is having an anaphylactic reaction. Ask them to send an ambulance immediately.
3. **Administer a second dose of epinephrine** 5 to 15 minutes after the first injection **IF** the reaction persist or worsen.
4. **Go to the nearest hospital**, even if the symptoms are mild or have stopped.
5. **Call contact person.**

| Name | Relationship | Home phone | Work phone | Cell phone |
|------|--------------|------------|------------|------------|
|      |              |            |            |            |
|      |              |            |            |            |

**Please advise the school as soon as possible of any change of telephone number or address.**

**It is the parent's obligation to ensure that the auto-injector is valid throughout the school year.**

\_\_\_\_\_  
Parents or Guardian signature

\_\_\_\_\_  
Date