

NIPISSING-PARRY SOUND CATHOLIC DISTRICT SCHOOL BOARD

ANAPHYLAXIS

AS 12.0
July 2017

POLICY:

[“Ana” = without / “phylaxis” = protection]

The NIPISSING-PARRY SOUND CATHOLIC DISTRICT SCHOOL BOARD recognizes that in accordance with the Education Act, schools must give assiduous attention to the health and comfort of pupils. It is the position of the Board that no school age child should be denied access to education because of health needs.

Some students in the system will have allergies that cause anaphylactic reactions. Anaphylaxis refers to a collection of symptoms that are potentially life threatening and affect multiple systems in the body such as breathing difficulties, a drop in blood pressure or shock. Common allergens include foods such as peanuts, insects, medications and latex rubber.

It shall be the policy of the NIPISSING-PARRY SOUND CATHOLIC DISTRICT SCHOOL BOARD to provide a healthy caring learning environment that is allergy controlled and in which the risk of exposure to students diagnosed with known allergies that cause anaphylactic reactions is reduced.

PROCEDURES:

1. Upon registration, children with life threatening allergies which may result in anaphylactic reactions will be identified (see Appendix A for list of potential allergens and possible symptoms).
2. Information and identification sheets (Appendix G) for allergies that result in anaphylactic reactions shall be completed by parents/guardians and made available to all staff.
3. Principals, with the assistance of parents or guardians, shall make all teachers aware of those students who may require epinephrine treatment.
4. Staff members involved with the child’s care will be instructed through the assistance of parents/guardians and public health as to the potentially severe nature and proper treatment of the allergy problem.
5. Parents shall sign a waiver allowing the school to use epinephrine when necessary (Oral Medication and EpiPen® policy).
6. Information regarding allergies and treatment shall be reviewed at the beginning of each year and prior to special activities such as school trips (Field Trip policy).
7. Every child with a diagnosis of an allergy with a risk of anaphylactic reaction shall have his/her own epinephrine auto-injection device supplied by the parents and labelled by name and expiry date (refer to Oral Medication and EpiPen® policy).

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<p>8. Children who are old enough to use an EpiPen® should carry their own epinephrine auto-injector. When self-injection is necessary, assistance shall be provided by the teacher or supervisor.</p> <p>9. Each child should be wearing a medic alert bracelet or necklace clearly identifying his/her allergy.</p> <p>10. The school will endeavour to reduce children’s exposure to allergenic foods within the school setting through education and supervision.</p> <p>11. In cooperation with students, parent/guardian letters should be sent out at the beginning of the school year explaining the need for special food rules and suggestions for nutritious alternatives for lunches. Children who eat peanut butter at home should be encouraged to wash their hands prior to coming to school.</p> <p>12. The following guidelines will be taught to children when students with food allergies are identified:</p> <ul style="list-style-type: none">a) There will be no trading and sharing of foods, food utensils and food containers.b) All food allergic children should only eat lunches and snacks that have been prepared at home.c) Hand washing shall be done before and after eating. <p>13. Schools will ensure tables, toys, etc. are washed clean of contaminating foods in classrooms and lunchrooms where children eat.</p> <p>14. Where there are children with food allergies, teachers will restrict the use of food in crafts and cooking activities.</p> <p>15. The contents of foods served in school cafeterias or brought in for special events shall be clearly identified.</p> <p>16. Anaphylactic children should not be involved in “garbage” clean-ups at school.</p> <p>17. A buddy system should be arranged for the classroom, playground and school bus.</p>	

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<p><u>TRANSPORTATION</u></p> <ol style="list-style-type: none"> 1. When students who have allergies travel on buses, the bus drivers, with parent/guardian permission, shall be so informed. With the assistance of public health, drivers shall be trained in administering the EpiPen® and provided with an allergy alert form for the children concerned. 2. The Transportation Guidelines in Appendix H shall be implemented. <p><u>PEANUT ALLERGIES</u></p> <p>Peanuts are the most potent allergens - 1,000 times more potent than other foods. For the allergic child strict avoidance of ingestion of peanut is mandatory. Even a small amount can cause a severe reaction and there do not have to be visible pieces of food, e.g., traces on hands and desks can be enough to cause allergic reactions.</p> <ol style="list-style-type: none"> 1. <ol style="list-style-type: none"> a) In the child care setting, junior kindergarten, kindergarten and primary grades (1-3) classrooms where there are peanut allergic children, no peanuts, peanut butter or foods containing peanuts shall be allowed. b) Reasonable attempts will be made to make the lunch room “peanut free”. 2. In junior and intermediate classrooms where there are peanut allergic children, no peanuts, peanut butter or peanut products shall be allowed. 3. If there is a common lunchroom students must be taught the food guidelines. If younger children are present who have allergies that may cause anaphylactic reactions, reasonable attempt will be made to make the lunchroom “peanut-free. If the allergic children are older the parents of all students shall be informed and the restriction of allergy foods encouraged. <p>Depending on the severity of the allergic reaction for the junior and intermediate age group, an allergen reduced eating area may need to be instituted.</p> <ol style="list-style-type: none"> 4. When considering a peanut controlled environment, these procedures should be followed: <ol style="list-style-type: none"> a) Discuss the issue with the parents/guardians of the child with allergies to consider the best practice. b) Consult with the School Advisory Council or parent group; provide them with in-service on anaphylaxis (Appendix F). c) Inform the school community (Appendix B). 	

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<p>5. In the case of secondary school, the following measures should be taken:</p> <ul style="list-style-type: none">a) The students at risk be identified and an allergy alert form completed. This form should be given to the students' teachers and posted where appropriate, e.g., staffroom, cafeteria. Students should also be requested to wear a medic alert bracelet, clearly identifying his/her allergy.b) Staff is made aware of the students at risk and training in the use of EpiPen® is provided.c) Students are reminded early in the school year about the need to provide the office with information about their specific allergy, etc.d) An article on allergic reactions should be included in the first school newsletter to educate parents and students.e) Registration forms should be checked for medical information. Students at risk should be flagged in S.A.S.f) Student allergy forms already on file should be reviewed for accuracy each year.g) Ingredient lists should be available in the cafeteria and the elimination of allergens attempted. A non-peanut eating area should be provided.	
<p><u>INSECT AVOIDANCE</u></p>	
<ul style="list-style-type: none">1. Principals of schools in which there are students allergic to insects shall follow the general procedures regarding identification of allergic children and training in the use of EpiPen® .2. Principals/staff shall inspect the school yard regularly for nests or hives and shall arrange for the immediate removal of any insect nests or hives near the school property.3. Staff shall ensure that garbage is properly stored in well covered containers.	

ANAPHYLAXIS				
SIGNS	MEDICATION	DOCUMENTS	SCHOOL	PARENT
<u>Triggers</u> <i>Stings</i> - bees, wasps <i>Allergies</i> - peanuts, nuts - eggs - shellfish - aspirin - penicillin	<u>Types</u> - Epinephrine		<u>Prevention</u> - inform staff - consultation with parents, PHN, doctor - formulate plan - complete Emergency Allergy Alert form - primary care backup staff - train staff	<u>Medication</u> - supply EpiPen® - replenish expired medication - supply medic alert bracelet for child - complete form for Administration of Medication - facilitate staff training
<u>Symptoms</u> (2 or more of) <i>Skin</i> - red, itchy welts - swelling <i>Eyes</i> - swollen, itchy - running, bloodshot - mucousy <i>Nose</i> - runny, itchy - stuffy, sneezing <i>Throat</i> - sore, swollen <i>Stomach</i> - vomiting, cramps, bloating - nausea, diarrhea <i>Urinary</i> - incontinence <i>Respiratory</i> - severe asthmatic reaction - difficult breathing - drop in blood pressure - unconsciousness	<u>Storage</u> - unlocked cupboard - staff accessible - student accessible - proximity to student	- clear labelling - expiry date	<u>Follow-up</u> - call 911 for medical aid if required - call parents - bring Emergency Allergy Alert form to hospital	

EXAMPLE LETTER TO PARENTS

Dear Parent(s):

I am writing to you on behalf of our student, *(name of student)*, and his parent(s). *(Name of student)* is *(age of student)* old in *(name of teacher)* grade *(level)* class. He has a life-threatening allergy to peanut and all types of nuts. If peanut butter, or even the tiniest amount of peanut or any type of nut, enters his body (through his eyes, nose or mouth), he experiences very strong reactions. His face swells and breaks out in hives, his throat swells and tightens. Without immediate medical treatment his condition could be fatal within minutes.

After discussions with school staff and other knowledgeable parties in the medical community, it has been suggested that the best way to provide a safe environment for *(name of student)* would be to enlist the support of the parents to help make his classroom a “peanut- and nut-free environment”. This means that each child entering this grade is asked to bring snacks and lunches free of any peanuts or nuts. For example, no peanut butter sandwiches or peanut butter cookies shall be brought to school. Accordingly, parents are asked to read the labels of other foods like muffins, granola bars and cereals before putting them in their child’s lunches or snack. Our concern is for foods where peanuts or nuts might be a “hidden” ingredient, and where cross-contamination may occur.

I realize this request poses an inconvenience for you when packing your child’s snack and lunch; however, I wish to express my sincere appreciation for your support and understanding of this potentially life-threatening allergy. In the very near future the school will announce a parent meeting for you to become acquainted with this situation. Literature will be provided suggesting healthy and nutritional alternatives to peanuts, nuts and their by-products.

Sincerely,

Principal

This letter may only be sent with the written consent of the parents concerned.

EXAMPLE LETTER TO PARENTS

Dear Parent(s):

Earlier this week we had the pleasure of having our school's Public Health Nurse speak to our grade (*level*) students regarding allergies, including one of the most deadly, an allergy to peanut butter.

From the nurse's presentation we learned that:

- the deaths that occur are generally caused by cross-contamination, i.e., a trace of peanut butter that is left on a hand, a knife, a desk or another object. The student who is allergic could inadvertently touch this trace and a reaction (or even death) can occur;
- after eating peanut butter at home, students and parents should wash thoroughly with soap and water before coming to school;
- we have just a few minutes to administer the EpiPen® (an injection used for severe allergic reactions such as hives, swelling, difficulty breathing, wheezing);
- children with severe allergies should be able to feel as confident and safe as possible knowing that all precautions have been taken.

The number of students allergic to peanut butter and nut products in our school is growing, and this year we have a student in grade (*level*) at the very highest risk level.

The following precautions have already been taken: the desk tops are washed with soap and water at noon hour, staff is receiving information from the Public Health Nurse, and the parent/teacher group is planning an allergy information session at its forthcoming meeting.

Since it is our goal to ensure that we have as safe an environment as possible when a child's life is at stake, we are asking for your help and understanding in having an area in our school that will be free from peanut butter and other foods with peanuts. The area is (*state area*). If it is necessary for your child to have peanut butter in his or her lunch or snack, we wish to be informed by having you label the particular food so that appropriate precautions can be taken.

If you wish further information, please come to the meeting or phone the school and copies of related articles will be provided.

Yours sincerely,

Principal

NEWSLETTER SAMPLE

We felt that all parents would like to be aware that there is a child (or several children) in our school with a severe life threatening food allergy to peanuts and nuts (anaphylaxis). This is a medical condition that causes a severe reaction to specific foods and can result in death within minutes. Although this may or may not affect your child's class directly, we want to encourage you to choose to send foods with your child to school that are free from peanuts or nut products. There will be more information about anaphylaxis at our meet the teacher night. Thank you for your understanding and cooperation.

EXAMPLE
REMINDER / THANK YOU LETTER

Dear Parent(s):

Re: Peanut Allergies

The children in our school with severe peanut allergies, and their families, would like to join me in thanking you for your understanding and cooperation as a result of the request to avoid sending peanut and nut products to school. There has been a reduction in the number of peanut and nut products brought to school in snacks and lunches, and we would like to thank you for continuing to avoid sending these products to school with your child.

Since even a minute amount of the allergic substance can cause a life-threatening reaction, keeping it out of the classroom is our best method of preventing a serious reaction at school.

If your child does bring a food to school containing peanut or nut products, please ask the child to let the teacher know.

Thank you again for your cooperation in this important issue.

Yours sincerely,

Principal

RESOURCES

- 1. Allergy Asthma Information Association**
Suite 750, 30 Eglinton Avenue West
Mississauga ON L5R 3E7
Telephone: (905) 712-2242
Fax: (905) 712-2245

- 2. Allergy Asthma Information Association**
Suite 10, 65 Tromley Drive
Etobicoke ON M9B 5Y7
Telephone (416) 244-8585
(for parent package)

- 3. Anaphylaxis Project of Allergy Asthma Information Association (AAIA)**
Telephone (416) 785-4684

- 4. Canadian Medic Alert Foundation**
Suite 301, 250 Ferrand Drive
Don Mills ON M3C 2T9
Telephone (416) 696-0267
Fax (416) 696-0156

- 5. Ontario Allergy Society**
2 Demaris Avenue
Downsview ON M3N 1M1
Telephone (416) 633-2215

IN-SERVICE PACKAGE

ANAPHYLAXIS

AWARENESS

PRESENTATION

Source: Anaphylaxis Project
Group AAIA 1993

WHAT IS AN ALLERGY?

- OVER-ACTIVE IMMUNE SYSTEM
- IMMUNE SYSTEM OF AN ALLERGIC PERSON REACTS TO NORMALLY HARMLESS SUBSTANCES
 - Peanut
 - Pollen
 - Animal Dander
- MILD ALLERGY:
 - ONE BODY SYSTEM
 - Runny Nose
- SERIOUS ALLERGIC REACTION:
 - TWO OR MORE BODY SYSTEMS
 - Hives, Vomiting

WHAT IS ANAPHYLAXIS?

- LIFE-THREATENING ALLERGIC REACTION
- WITHOUT ADRENALINE RESULT MAY BE DEATH

WHAT ARE THE CAUSES OF ANAPHYLAXIS?

- FOODS
or
- INSECT STING
or
- MEDICATIONS
or
- EXERCISE

ANAPHYLAXIS IS AN ALLERGIC DISEASE

AND

IT HAS

BEEN DIAGNOSED

BY

THE CHILD'S DOCTOR

WHAT ARE POSSIBLE SYMPTOMS?

- TINGLING IN MOUTH
- FEELING OF FOREBODING, FEAR, APPREHENSION
- HIVES, ITCHING
- FLUSHED FACE, BODY
- SWELLING - EYES, LIPS, FACE, TONGUE
- TIGHTNESS IN THROAT, MOUTH CHEST
- DIFFICULTY BREATHING, SWALLOWING
- WHEEZING
- COUGHING, CHOKING
- VOMITING, STOMACH UPSET
- DIZZINESS, UNSTEADINESS
- LOSS OF CONSCIOUSNESS
- COMA AND DEATH

If the child displays any of the above symptoms, proceed with
EMERGENCY TREATMENT PLAN

EMERGENCY TREATMENT PLAN
Protocol I

GIVE

EPIPEN®

IMMEDIATELY

THEN TRANSPORT TO

HOSPITAL
(Emergency Entrance)

EMERGENCY TREATMENT PLAN
Protocol II

- AT ANY SIGN OF BREATHING DIFFICULTY:
(e.g., Wheeze, Cough, Throat-clearing)

- Give EPIPEN®
IMMEDIATELY

- Transport to Hospital
(Emergency Entrance)

HOW CAN YOU PREVENT DEATH
DUE TO ANAPHYLAXIS
3 A's

AWARENESS

- of causes
- of EMERGENCY PLAN

AVOIDANCE

- avoid all contact with allergen
- check ingredients carefully
- no sharing (even straws)
- no cross-contamination (food can't even touch offending allergen)
- no bulk buying
- allergen-free classrooms
- modify food related programs (e.g., cooking lesson/crafts)
- extra precautions/modifications for field trips

ACTION (with adrenaline)

- EPIPEN®
- HOSPITAL

IMPORTANT TO KNOW AND REMEMBER

- DEATH CAN OCCUR WITHIN MINUTES
 - TRACE AMOUNTS CAN CAUSE A REACTION
- SOME ACTUAL EXAMPLES**
- sharing a straw to drink
 - peanut butter knife used to cut cheese sandwich
 - breathing aroma of roasted nuts
- LIFE-LONG ALLERGY
- They won't outgrow it
 - a little bit can hurt ... it can KILL
- EMOTIONAL STRESS OF LIVING WITH LIFE-THREATENING ALLERGIES
- always being different
 - knowing they can die
 - peer pressure to conform
 - bearing constant high level of responsibility

CONSENT FORM FOR ADMINISTRATION OF EPIPEN®

The personal information you provide on this form is collected by the Nipissing-Parry Sound Catholic District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss.58.5, 265 use and 266 as amended. The information will be used for School and Board operations including but not limited to student registration, staff and resource allocation and to provide information to employees where necessary to support them in carrying out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and may be required to be disclosed in compelling circumstances, for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, please contact your school Principal.

Date: _____

Name of Principal: _____

Name of School: _____

Address: _____

City & Province: _____

Dear _____ :
Name of Principal

Re: _____
Name of Student

We are writing to request that epinephrine _____ and _____
EpiPen® Brand of antihistamine
be administered to _____ in the event of an anaphylactic medical emergency.
Name of Student

Type of allergen(s)

must be avoided as ingestion in any form could be fatal. All emergency procedures are outlined on the **EMERGENCY ALLERGY ALERT FORM**. We authorize the removal of clothing to facilitate the administration of the EpiPen® in the thigh.

We appreciate your cooperation and understanding in this matter.

Sincerely,

Doctor/Date

Parent/Date

**EMERGENCY ALLERGY ALERT FORM
 PROTOCOL I
 (FOR USE IN: Classroom, lunchroom, staff room, office, fanny pack)**

The personal information you provide on this form is collected by the Nipissing-Parry Sound Catholic District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss.58.5, 265 use and 266 as amended. The information will be used for School and Board operations including but not limited to student registration, staff and resource allocation and to provide information to employees where necessary to support them in carrying out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and may be required to be disclosed in compelling circumstances, for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, please contact your school Principal.

Name: _____

ALLERGY - DESCRIPTION

This child has a DANGEROUS, life-threatening allergy to the following foods:

Put child's photo here

and all foods containing them in any form in any amount, including the following kinds of items:

AVOIDANCE

The key to preventing an emergency is ABSOLUTE AVOIDANCE of these foods at all times. **WITHOUT EPIPEN®, THIS CHILD MUST NOT BE ALLOWED TO EAT ANYTHING.**

EATING RULES (list eating rules for your child, if any, in this space)

POSSIBLE SYMPTOMS

- flushed face, hives, swelling or itchy lips, tongue, eyes
- tightness in throat, mouth, chest
- difficulty breathing or swallowing, wheezing, coughing, choking
- vomiting, nausea, diarrhea, stomach pains
- dizziness, unsteadiness, sudden fatigue, rapid heartbeat
- loss of consciousness

OVER>>>

ACTION - EMERGENCY PLAN

- **Use EpiPen® immediately!**
- **HAVE SOMEONE CALL AN AMBULANCE** and advise the dispatcher that a child is having an anaphylactic reaction.
- **If ambulance has not arrived in 10-15 minutes and breathing difficulties are present** (e.g., wheeze, cough, throat clearing), give a second EpiPen® if available.
- **Even if symptoms subside entirely, this child must be taken to hospital immediately.**
- **EpiPen® s are kept**

Doctor/Date

Parent/Date

**EMERGENCY ALLERGY ALERT FORM
 PROTOCOL II
 (FOR USE IN: Classroom, lunchroom, staff room, office, fanny pack)**

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- difficulty breathing or swallowing, wheezing, coughing, choking
- vomiting, nausea, diarrhea, stomach pains
- dizziness, unsteadiness, sudden fatigue, rapid heartbeat
- loss of consciousness

OVER>>>

ACTION - EMERGENCY PLAN

At any sign of breathing difficulty (e.g. wheeze, cough, throat-clearing):

- Use EpiPen® immediately!
- HAVE SOMEONE CALL AN AMBULANCE and advise the dispatcher that a child is having an anaphylactic reaction.
- If ambulance has not arrived in 10-15 minutes and breathing difficulties are present (e.g., wheeze, cough, throat clearing), give a second EpiPen® if available.
- Even if symptoms subside entirely, this child must be taken to hospital immediately.

If there is no sign of breathing difficulty:

- Give antihistamine _____ (brand/dosage) immediately.
- Segregate child and watch him/her closely.
- Be prepared to administer EpiPen® at any sign of breathing difficulty as this can occur very quickly (within seconds).
- If EpiPen® is administered, transport to hospital immediately.
- EpiPens® and antihistamine are kept _____

Doctor/Date

Parent/Date

FOR USE WITH: EMERGENCY ALLERGY ALERT FORM

Anaphylaxis is a frightening disease, as you are no doubt now aware. It is life-threatening and can appear suddenly, violently, with little or no warning. Working as a team, parents and school staff can make anaphylaxis a manageable disease. This child is counting on your help to stay safe: to help prevent an allergic reaction from happening, and to be prepared to deal with it if it does. Here are some suggestions to help you make your school safer for anaphylactic students:

- have a classroom rule - no sharing food
- don't allow the allergic food in the classroom
- send a letter to all class parents requesting that the allergic food not be sent to school as a snack/lunch, etc.
- choose activities in which the allergic child can fully participate
- please inform the child's parents well in advance of special activities involving food (e.g., birthday parties, school trips, etc.)
- have a procedure for informing substitute teachers
- **listen to and believe the child - he/she may feel a reaction before you see it**
- educate yourself on anaphylaxis and practice with an EpiPen® Trainer
- reassure the child that you're aware of his/her needs and that you know how to keep him/her safe
- discuss with the child how to approach the teacher if he/she is having a reaction
- EpiPen® should be kept with the child at all times (e.g., field trips - even a walk in the park)
- be aware that there are many cases of food-allergic children being threatened with the allergic food by classroom bullies - school staff should be prepared to deal with the seriousness of such threats

If you have any questions or concerns, do not hesitate to contact the student's parents for further help and information.

TRANSPORTATION GUIDELINES FOR STUDENTS WITH ALLERGIES THAT HAVE ANAPHYLACTIC REACTIONS

Procedures for the administration of medication to passengers in the event of an anaphylactic reaction.

INITIAL NOTIFICATION AND REQUEST TO ADMINISTER MEDICATION

As soon as a request to administer medication for anaphylactic shock is made by a student (if over the age of 18), a parent, or guardian, the consent form (Sample A) and the release and indemnity form (Sample B) must be completed, duly signed, witnessed and in our possession before transportation is considered. These forms are to be completed by the parent/guardian or student if he or she is over the age of 18.

FORM COMPLETION - CONSENT, RELEASE/INDEMNITY

All information provided on both forms must be legible, accurate and complete.

When complete, one copy of both forms is to be given to the student (if over the age of 18) and/or the parent or guardian signing the forms.

Originals of both completed forms must be retained by the operator and copies retained by the Board transporting the student.

Transportation of any person identified to us as being prone to an anaphylactic reaction will not be considered until the Consent and the Release and Indemnity forms have been duly executed.

TRAINING

It is understood that all training will be the parent/guardian responsibility at no cost to the driver(s), the operator or the Board.

It is also understood that the driver(s) will not be expected to carry the medication.

Sample C should be maintained as a record.

PARENT/PASSENGER/DRIVER INTRODUCTION AND RELATIONSHIP

It is understood that:

Under no conditions or circumstances will the bus company offer to carry, store or make an EpiPen® available for any purpose for any person, nor be responsible to ensure that the EpiPen® is with the child prior to, during or after transportation.

Once the appropriate liability forms have been duly signed and witnessed and the child's route has been identified, the driver shall be introduced to the child with the parent(s) or guardian(s) present.

(continued on next page...)

(...continued from previous page)

The parent/guardian must inform the driver(s) of specific details of prior occurrences and reactions to look for that might indicate an onset to a reaction. This information should be recorded for future reference.

Acceptable behaviour, seating arrangements, EpiPen® location (knapsack, pocket, etc.) and whether one or two EpiPens will be available, should be established. Communication between driver and parent/guardian must occur on a frequent basis (pickup or drop off).



SAMPLE "A"
ANAPHYLACTIC SHOCK MEDICATION CONSENT
(This request will expire June 30 of each school year.)

The personal information you provide on this form is collected by the Nipissing-Parry Sound Catholic District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss.58.5, 265 use and 266 as amended. The information will be used for School and Board operations including but not limited to student registration, staff and resource allocation and to provide information to employees where necessary to support them in carrying out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and may be required to be disclosed in compelling circumstances, for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, please contact your school Principal.

TO: _____
Name of bus company

Student Name Parent/Guardian
Home Address City
Home Phone No. Business Phone No.
School Phone No.
Name of Physician Phone No.

Name of medication(s) - Method of Administration - Dosage

I/We hereby request and consent to the administration of the EpiPen® and/or the above named medication in the dose prescribed to _____ by _____, its employees and agents.
Name of person requiring medication Name of bus company

I/We further consent to the performance of any act reasonably required for the administration of the EpiPen® and/or the above named medication in the dose prescribed, including but not limited to the removal of clothing, or for the monitoring of _____ condition after the administration. I/We acknowledge
Name of person requiring medication

that the policies and/or procedures of _____ applicable to the administration of the EpiPen®
Name of bus company

and/or the above named medication in the dose prescribed by its employees and agents, have been explained to me/us and I/we confirm that I/we fully understand them. I/We also fully understand that it is our/my responsibility to ensure that the appropriate, unexpired EpiPen® and/or medication is in the possession of _____ at all times when being transported by _____.
Name of person requiring medication Name of bus company

I/We acknowledge that the effectiveness, limitations, benefits and risks of the EpiPen® and/or the above named medication, have been fully explained to me/us by my/our physician.

Signature of student if 12 years or over Signature of parent/guardian

Witness Date

One copy of this Consent is to be given to the parent/guardian and the Board and the original is to be retained by: _____
Name of bus company



SAMPLE "B" RELEASE AND INDEMNITY

I/We hereby release _____, Board, its employees and agents from all
Name of bus company
manner of actions, causes of action, claims, suits, losses, damages and injuries ("actions or proceedings") whether caused by negligence or otherwise arising out of the administration or failure to administer the EpiPen® and/or medication as requested and consented by me/us, and I/we do also hereby indemnify and save harmless _____, Board, its
Name of bus company
employees and agents for any losses or damages sustained by them by any person including without limiting the generality of this, myself/ourselves, our child, any other parent or guardian of our child, or the Board.

I/We acknowledge that this release and indemnity has been fully explained to me/us and that I/we fully understand it.

Signature of Student if over 18

Date

Signature of Parents/Guardians

Date

Signature of Witness

Date

One copy of this Release and Indemnity is to be given to the parent/guardian and the Board and the original is to be retained by: _____.
Name of bus company



SAMPLE "C" ANAPHYLAXIS TRAINING RECORD

The personal information you provide on this form is collected by the Nipissing-Parry Sound Catholic District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss.58.5, 265 use and 266 as amended. The information will be used for School and Board operations including but not limited to student registration, staff and resource allocation and to provide information to employees where necessary to support them in carrying out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and may be required to be disclosed in compelling circumstances, for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, please contact your school Principal.

The training materials used during this training have been endorsed by the Allergy Asthma Information Association. This training record is not to be removed from the personnel file.

Employee Name

Start Date

Employee Number

License Class

INITIAL TRAINING: Date: _____

Trainer's Signature

Employee's Signature

Parent/Guardian Signature

SUBSEQUENT TRAINING: Date: _____

Trainer's Signature

Employee's Signature

Parent/Guardian Signature

SUBSEQUENT TRAINING: Date: _____

Trainer's Signature

Employee's Signature

Parent/Guardian Signature

SUBSEQUENT TRAINING: Date: _____

Trainer's Signature

Employee's Signature

Parent/Guardian Signature

SUBSEQUENT TRAINING: Date: _____

Trainer's Signature

Employee's Signature

Parent/Guardian Signature