

ANAPHYLAXIS CARE PLAN

Centre: FFOSC
 MJOSC

Date: _____

Child's name: _____

Date of birth: _____ Medical number: _____

Allergies: _____

Signs & Symptoms of an allergic/anaphylaxis response in child:

- Skin rashes, itching, hives
- Shortness of breath, wheezing
- Cold/clammy skin
- Voice changes
- Dizziness, fainting
- Stomach pain
- Vomiting
- Diarrhea

Other signs & symptoms:

- _____
- _____
- _____
- _____
- _____
- _____

- I have provided an Epi-Pen to OSC for emergency situations.
- I have taped a photo of my child to the outside of the Epi-Pen's case.
- I authorize the OSC staff to administer the Epi-Pen to my child in case of emergency.

When to administer the Epi-Pen: _____

Epi-Pen Expiry Date: _____

Name: _____ Signature: _____ Date: _____

Who to call in an emergency situation:

Name	Relationship to child	Phone number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____