

# Eastdale Secondary School

## Anaphylaxis Form

Anaphylaxis is a **serious allergic reaction**. It can be life threatening and requires IMMEDIATE first aid and medical care.

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

- No**, to my knowledge, my son/ daughter are not anaphylactic.

- Yes**, I hereby declare that my son/daughter \_\_\_\_\_ is anaphylactic has an epi-pen or requires IMMEDIATE medical care.

- He/she has a serious allergic reaction (requiring IMMEDIATE medical care) to:
- Food \_\_\_\_\_
  - Insects \_\_\_\_\_
  - Medications \_\_\_\_\_
  - Latex \_\_\_\_\_

**Symptoms with onset of reaction have included:**

- |   |  |
|---|--|
| <input type="checkbox"/> Itchy eyes, nose and face                    | <input type="checkbox"/> Inability to breathe                          |
| <input type="checkbox"/> Flushing of face and body                    | <input type="checkbox"/> Loss of consciousness                         |
| <input type="checkbox"/> Swelling of eyes, face, lips, tongue, throat | <input type="checkbox"/> Coma  |
| <input type="checkbox"/> Hives or abnormal swelling                   | <input type="checkbox"/> Cessation of breathing                        |
| <input type="checkbox"/> Vomiting                                     | <input type="checkbox"/> A feeling of foreboding, fear or apprehension |
| <input type="checkbox"/> Diarrhea                                     | <input type="checkbox"/> Additional symptoms                           |
| <input type="checkbox"/> Weakness and dizziness                       | _____  |
| <input type="checkbox"/> Wheezing                                     | _____  |

Emergency Action Required: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian contact number: \_\_\_\_\_