



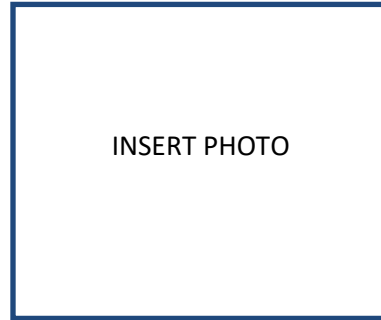
COUNTY OF BRUCE  
INDIVIDUAL ANAPHYLAXIS PLAN

I acknowledge that it is my responsibility to advise the County of any allergies or other medical conditions which may affect me or my child's participation in the program and have listed them below.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Allergy/Medical Condition:  
\_\_\_\_\_



Food: The key to preventing an anaphylactic emergency is avoidance of the allergen. Children with food allergies should not share food or eat unmarked, bulk food or products with a "may contain" warning.

Prescribed Epinephrine Auto-Injector:  Yes  No

Child Self Carries Auto-Injector:  Yes  No

Other Information Relevant to Allergy/Condition: \_\_\_\_\_  
\_\_\_\_\_

A child having an anaphylactic reaction might have ANY of these signs and symptoms:

- Skin - hives, swelling (face, lips, tongue), itching, warmth, redness;
- Respiratory (breathing) - coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing;
- Gastrointestinal (stomach) - nausea, pain or cramps, vomiting, diarrhea;
- Cardiovascular (heart) - paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or light-headedness, shock;
- Other: anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste.

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

1. Monitor child who is self-administering own Epinephrine Auto-Injector.
2. Call 911 tell them that the child is having a life-threatening allergic reaction.
3. Get the child to the nearest hospital (ensure the child is accompanied) even if the symptoms are mild or have stopped.
4. The Auto-Injector should accompany the child to hospital and be provided to the medical personnel or child's parent/guardian/emergency contact.
5. Call parents/guardians/emergency contacts.

**Monitoring and Avoidance Strategies:**

---

---

---

---

---

I have attached additional information.

**Parental Consent Form and Release of Liability**

To the County of Bruce and all employees, representatives, officers, agents, affiliated community associations and volunteers associated therewith (collectively referred to as the County).

Program: \_\_\_\_\_ Dates of Program: \_\_\_\_\_

In consideration for me and/or my child participating in this program, I recognize that there are inherent risks associated with the Program. I hereby agree to release the County from all claims, liabilities, obligations and costs which I may have against the County arising out of injury, loss or damage while I or my child participate in the Program.

In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

I have assisted with the development of this individualized plan for myself/my child and I understand and accept the terms set out herein.

**Emergency Contact Information**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Alternative Contact/Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Dr. Name

\_\_\_\_\_  
Dr. Telephone

\_\_\_\_\_  
Health Card Number

\_\_\_\_\_  
Expiry Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date