

Date: _____

Dear Parent/Guardian of: _____

Your child is currently on/or requires being on, the medical alert list at Summit. The purpose of the medical alert list is to communicate a student's life threatening condition and their needs to school staff to ensure their safety should a medical emergency arise.

The primary responsibility for ensuring a safe school environment for each child with a life threatening condition is with the parent, student and school staff. The Community Health Nurse acts as a resource.

In order to ensure a safe school environment we ask the parents and students to agree to the following responsibilities:

Parent/Guardian

- **Complete the appropriate medical alert information sheet**
- **Provide Summit with doctor instructions and signatures if needed (see attached)**
- **Supply Summit with medication and replace when expired or depleted**
- **Review medical alert information with Summit staff annually (especially classroom teachers)**
- **Notify Summit staff of any changes in the student's health status during the school year**
- **Participate in educating staff regarding your child's medical alert condition**
- **Ensure that your child has emergency medication with him/her on field trips**

Student

- **Participate in self-care activities as appropriate for age**
- **Inform Summit staff and friends of medical alert condition**
- **Avoid allergy triggers or other potentially harmful situations**
- **Inform Summit staff or friends if feeling unwell**

Signature: _____ Date: _____

**Emergency Medical Management at Summit
Anaphylaxis Information Form
For Parent and Physician**



Camp Summit & Outdoor Education Centre	Date:	Personal Health Number:
Student Name:	Date of Birth:	
Parent/Guardian:	Signature:	
Home Telephone:	Business Telephone:	
Physician:	Telephone:	

Emergency Action Plan -To be Completed in Consultation with Physician

CHILD'S ANAPHYLAXIS TRIGGERS ARE:

- peanuts nuts milk all diary eggs shellfish fish
 Food allergies (list): _____
 Insect stings (list): _____
 Medications (list): _____
 Other: _____

CHILD'S ANAPHYLAXIS SYMPTOMS ARE USUALLY:

- Swelling (eyes, lips, face, tongues) Tingling of lips/mouth
 Hives or itchy skin Coughing or choking
 Cold, clammy, sweaty skin Flushed face or body
 Fainting or loss of consciousness Dizziness, confusion
 Stomach cramps/diarrhea/vomiting Change of voice
 Difficulty breathing/swallowing Heart rate changes (fast/slow)
 Other (list) _____

CHILD'S EMERGENCY TREATMENT:

- Anti-histamine (specify brand & dosage): _____
 EpiPen – _____
 Other (list) _____

To be completed by prescribing Physician if emergency medication required at Summit (e.g. EpiPen):

- Has the child already had an allergic reaction to food? Yes _____ No _____
- Was emergency treatment required? Yes _____ No _____
- If the child has never had an allergic reaction, but is at risk, it is recommended parents seek advice from a medical doctor specializing in allergy to discuss a food challenge or allergy testing on the child. If the physician prefers not to test the child, a physician report documenting the potential severity of the condition and treatment protocol is still required if emergency medication is to be kept at Summit.

Medication	Dose	Route	Frequency	Directions