

Anaphylaxis Alert Poster

Participant's Name: _____

Program(s): _____

Parent(s)/Guardian(s): _____

Home Telephone #: _____

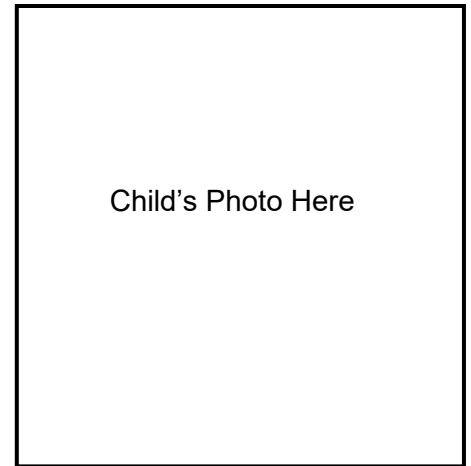
Parent/Guardian 1 Work #: _____

Parent/Guardian 2 Work #: _____

Emergency Contact: _____

Telephone #: _____

Relationship to child: _____



Allergy Description

Life-threatening allergy to the following:

The key to preventing an Anaphylactic Emergency is **Absolute Avoidance** of the allergen.

Signs and Symptoms

(Choose all the symptoms specific to your child)

tingling, itchiness or metallic taste in mouth

watering of eyes & nose, sneezing

hives, redness, generalized flushing, rash, itching

swelling – eyes, ears, lips, tongue, face & skin

itchiness or tightness in throat, choking, tightness in chest

wheezing, hoarseness, hacking cough

nausea, vomiting, stomach pain and/or diarrhea

dizziness, unsteadiness, drowsiness, feeling of impending doom

fall in blood pressure

loss of consciousness

coma & death

other; please list: _____

Epinephrine Auto-Injector(s) is Stored In: _____

I/we have read and understood that the personal information and photo on this form may be posted and/or made available to staff in case of an emergency. Personal information contained on this form is collected under the authority of the Municipal Act, s.11 (1), and will be used by staff in the case of an emergency.

Parent/Guardian Signature

Date