

**FORM ADMIN 315-01 Extreme Allergy Management and Prevention Plan
Teacher/Office Copy**

**EXTREME ALLERGY MANAGEMENT AND PREVENTION PLAN
(Teacher/Office Copy)**

A. STUDENT INFORMATION (To be completed by parent/guardian)

Name of student: _____

Address: _____

Home Phone #: _____ Date of Birth: _____

Name of Father: _____ Work #: _____

Name of Mother: _____ Work #: _____

EMERGENCY CONTACT PERSON	TELEPHONE #
_____	_____

Health Card Number: _____

B. PHYSICIAN INFORMATION (To be completed by family physician)

Allergy: _____

Nature of Allergy: _____

Symptoms of
Reaction: _____

Recommended Response To Reaction: _____

Medication: _____

Dosage: _____

Name of Physician: _____ Telephone #: _____

Signature of Physician

Date

**FORM ADMIN 315-02 Extreme Allergy Management and Prevention Plan
[Staff Room Copy]**

**EXTREME ALLERGY MANAGEMENT AND PREVENTION PLAN
(Staff Room Copy)**

A. STUDENT INFORMATION (To be completed by parent/guardian)

Name of Student: _____

Address: _____

Grade: _____ Teacher: _____ Date of Birth: _____

B. PHYSICIAN INFORMATION (To be completed by family physician)

Allergy: _____

Nature of Allergy _____

Symptoms of Reaction: _____

Recommended Response to Reaction: _____

Medication: _____

Dosage: _____

Name of Physician: _____ Telephone#: _____

Signature of Physician

Date

Student Photo:

MOOSE FACTORY ISLAND DISTRICT SCHOOL AREA BOARD

**PARENT/GUARDIAN WAIVER
AUTHORIZATION AND RELEASE**

We hereby request that the administration of an Epi-Pen be provided. We understand that the service may be administered by a person who may lack medical or nursing training. We agree to provide the school with an updated medical statement whenever there is a change in the physician's instructions with respect to medication.

We hereby release the Moose Factory Island District School Board, its employees, and agents from all manner of actions, suits, or claims for losses, damages or injuries, however caused, arising out of the administration or failure to administer medication as provided herein and we do also hereby indemnify the said Board, its employees, or agents for any costs, losses, or damages sustained by them as a result of such actions or proceedings being commenced against them by myself/ourselves or my/our child, or any other parent or guardian of the said child.

We hereby request and authorize you to give (dose and medication)

to (name of student) _____

as prescribed by Doctor _____

We release school personnel from liability should any reaction result from the medication. In case of an anaphylactic reaction, follow-up care and transportation are to be as follows:

Date: _____

Parent/Guardian _____

Parent/Guardian _____

Signature(s)

MOOSE FACTORY ISLAND DISTRICT SCHOOL AREA BOARD

PARENT/GUARDIAN WAIVER
FIELD TRIPS/OUTDOOR EDUCATION TRIPS

During the trip to _____

On the date(s) of _____

We, as parents/guardians of _____

Understand that emergency medical attention may not be immediately available for our child in case of an anaphylactic reaction to allergens.

We give consent for _____ to participate in this field trip, and will provide our child with the necessary medication to help ensure his/her safety until he/she can be transported to receive medical attention.

Signed: _____

Parent(s)/Guardian(s)

Date: _____