

INDIVIDUAL ANAPHYLAXIS EMERGENCY PLAN FOR:

*Please attach a recent photograph for identification purposes

Signs and Symptoms

A person having an anaphylactic reaction may have **ANY** of the signs or symptoms listed below, even if they have not previously experienced the symptom before. **Known or expected signs and symptoms for this child are checked below**, however, staff should be on alert for any of these symptoms:

- Difficulty in swallowing or speaking.
- Difficulty in breathing – severe asthma
- Swelling of the throat and mouth
- Hives anywhere on the body or generalised flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Alterations in heart rate (fast Pulse)
- Sense of Impending doom (anxiety/panic)
- Collapse and unconsciousness

Please list any other symptoms Home Ed Hub staff must watch for in order to administer an EPI Pen if necessary due to an allergic reaction. *Please include instructions for use:*

As the Parent / Guardian of the above named child, I hereby give permission to Home Ed Hub staff to administer an EPI Pen to my child, if needed, according to the instructions above. I fully understand that staff may not be formally qualified to do so and I accept full responsibility.

Signed..... Print Name.....

Date.....