



LUTHER COLLEGE

High School Campus

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## **ANAPHYLAXIS AND MEDICAL EMERGENCY PROTOCOL & CONSENT**

**Required for students with a history of Anaphylaxis, Asthma, Bleeding disorders, Diabetes, Seizures or Epilepsy and Heart problems**

### **Anaphylaxis**

At Luther College High School there are several students who are at risk of potentially life-threatening allergies. Anaphylaxis is a severe allergic reaction that can be caused by foods, insect stings, medication, latex or other substances. While anaphylaxis can lead to death if untreated, anaphylactic reactions and fatalities can be avoided. Education and awareness is the key to keeping students with potentially life-threatening allergies safe.

### **High Risk Medical Conditions: Severe Asthma, Bleeding Disorders, Diabetes, Seizures or Epilepsy and Heart problems**

Students with high-risk medical conditions can experience complications, which may lead to a medical emergency at school. An emergency can occur without any prior warning therefore awareness of a medical condition is necessary to receive prompt medical attention.

### **Identification of Students at risk**

Luther College High School anaphylaxis and medical emergency protocol is designed to ensure that students at risk are identified. As part of our acceptance package parents are asked to complete a Student Health Record regarding medical conditions. **All staff will be made aware of students with potential anaphylaxis or high risk medical conditions.**

### **It is the responsibility of the parent to:**

- Inform the School Administration and School Nurse of your child's allergy or high risk medical condition.
- In a timely manner, please complete all medical forms.
- **Parental permission is required to post your child's Emergency plan.** The plan accompanied with a picture of the student will be posted in designated areas of the school (Main Office, Staff Room, Nurse's Office and Cafeteria-inside the food preparation area).
- **Advise the school if your child has outgrown a high risk medical condition or severe allergy and no longer requires an individual emergency plan.**
- If possible, have your child wear medical identification (e.g. MedicAlert bracelet). The identification could alert others to the student's medical condition and indicate that the student carries medication or an Epipen. Information accessed through a special number on the identification jewelry can also assist first responders, such as EMS, to access important information quickly.

## ANAPHYLAXIS AND MEDICAL EMERGENCY PROTOCOL:

Strategies are put in place at the school to minimize the potential for accidental allergen exposure and staff are trained to respond in a medical emergency situation.

### During a medical emergency:

1. **Someone will stay with the student at all times**
2. **Medical Plan will be carried out according to the directions given by parent/guardian/physician:**
  - **For an anaphylactic reaction:** The student's Epipen will be administered at the first sign of a reaction. If the reaction continues to worsen a second dose can be administered 5 minutes later.
  - **For a severe asthmatic attack:** The student's inhaler(s) will be administered immediately.
  - **For all other high risk medical condition:** Medication will be given or treatment will be provided according to directions given by parent/guardian/physician.
5. **Call 911:** For severe allergic reactions, severe asthmatic attacks and all other medical emergencies that cannot be resolved at school 911 will be called.
6. **Notify the School Nurse** (if the nurse is in the building).
7. **Notify the parents/guardian.**

**\*\*If an Epipen is administered, the student must be transported to the hospital** even if symptoms have subsided. The Epipen is an emergency support therapy only.

You have indicated on the Student Health Record that \_\_\_\_\_ has a high risk medical condition or is at risk for an anaphylactic reaction.  
(Student Name)

### PARENT/GUARDIAN AGREEMENT:

I, **Parent**  **Guardian**  \_\_\_\_\_ give my consent for the nurse at Luther College High School to post and share my child's medical emergency plan with Staff/Faculty. **In the event of an emergency**, I authorize the Luther High School Staff/Faculty to carry out this medical emergency plan and administer the designated medication or treatment and/or obtain suitable medical assistance. I agree to assume all costs associated with medical treatment and absolve Luther College High School and its employees of responsibility for any adverse reactions resulting from administration of the medication.

\_\_\_\_\_  
(Signature Parent/Guardian)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date M/D/Y)

\_\_\_\_\_  
(Physician Signature if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date M/D/Y)