

My School Co-operative Nursery School

Anaphylaxis Training

Child's Name: _____

Teacher/s: -----

Date of Initial Parent Supervisor Meeting: -----

Date of Initial Training: -----

Name of Medication: -----

Dosage of Medication: -----

Expiry date of Epi-pen/Allerjet _____

Allergies: -----

How to recognize this child's symptoms: -----

Procedures to follow in the event of an anaphylactic reaction: -----

How to administer this child's medication: -----

Comments/concerns: -----

Follow up Training: -----

Parent's Signature

Supervisor Signature

-----Teacher's Signature

Date

