

ANAPHYLAXIS – Consent for administration of Epinephrine

My child's physician has informed me that the following procedures are medically appropriate for my child and should be administered during the program if required.

NAME OF PROCEDURE/MEDICATION: _____

ADMINISTRATION FREQUENCY: _____

CAUTIONS, SIDE EFFECTS, STORAGE/DURATION: _____

Parent /Guardian agrees to and understands the following:

- Town of Caledon Parks and Recreation staff reserves the right to request a doctor's note should more information be required.
- Only an EPIPEN (no other brands) will be administered in an anaphylactic emergency.
- It is my responsibility to provide staff with an updated medical form whenever there is a change in the physician's instructions regarding the administration of the EPIPEN.
- Staff who does not have medical or nursing training will administer this emergency procedure.
- My child's doctor has fully explained the nature and possible side effects of this treatment.
- The Emergency Allergy Alert Photo ID will only be posted with my consent.
- Town of Caledon Parks and Recreation cannot provide or promise a total risk free/allergen free environment for my child.
- My child will carry the EPIPEN on them at all times and the group leader will know of its location.
- On occasion a replacement leader may be assigned to your child's group.

I acknowledge that I have read and fully understand:

- **Consent for the administration of an EPIPEN**
- **Parent responsibilities**
- **Emergency Allergy Alert/Photo ID Form**

I give the Town of Caledon Parks and Recreation Department consent to post my child's Emergency Allergy Alert Photo ID for in the agreed upon areas:

- Office
- Staff room
- Co-ordinator's Binder
- Other _____

The Town of Caledon will provide for the health and welfare of each participant but will be released and held harmless from all actions, damages or claims arising out of participating in the Town of Caledon, Parks and Recreation Department Programs.

In accordance with the Municipal Freedom of Information Act and Protection Act, the personal information provided on these forms will be used solely to determine and access eligibility for administration of an EPIPEN.

Parent/Guardian Signature: _____ Date: _____

