

Program Support Form - Allergies

This form must be completed and given to the instructor prior to the program in order for the child to participate.

PARTICIPANTS NAME: _____ Birth Date: _____

Previous life – threatening reaction(s)? Yes No Speed of reaction: _____ Frequency _____

Auto – Injector (Epi-Pen) Information:

Note: Epi-pen must be on-site with child at all times during the program.

Expiration Date: _____

Where is it kept?: _____

Participants' life- threatening reaction triggers: (Ex: Ingested, touch, air, etc.)

Participants' life – threatening reaction symptoms:

Skin: _____

Respiratory (Breathing): _____

Gastrointestinal (Stomach): _____

Cardiovascular (Heart): _____

Other (Ex: Headache, anxiety): _____

EMERGENCY PLAN

- 1) Child or staff administers Auto-Injector: (single dose, single-use)
- 2) Staff call 911 for Ambulance: tell them that a child is having a life-threatening anaphylactic reaction
- 3) Staff call program supervisor for assistance
- 4) Staff notify parents/guardians and/or additional emergency contacts
- 5) Send participant to hospital by ambulance

In the event of a severe allergic reaction, I _____ hereby authorize City of Pitt Meadows personnel to 1) Use hand over hand technique in order to administer the EPI - PEN or 2) directly administrate EPI-PEN in the event the participant is unable to on their own and will release any claims brought against the City for administering, or failure to administer this Emergency Plan to my child while attending the program.

Parent/ Guardian Signature: _____ Date: _____