



As a parent of a child who has life threatening allergies, the staff of this City of Brantford program want to work with you as a team to keep anaphylaxis manageable.

To do this, we need parents to do the following:

PARENT RESPONSIBILITIES

- ☑ Inform facility supervisor of your child's allergies to review:
 1. Your child's specific signs and symptoms
 2. Response and follow-up needs of your child
- ☑ Sign the necessary authorization forms:
 1. Consent for the Administration of an EpiPen®
 2. Informed Authorization and Release
 3. Child Information Sheet
- ☑ Assist facility staff by providing adequate information, instruction, clear directions, and orientation for your child's specific needs and update as necessary.
- ☑ Provide the child with an EpiPen® Kit, or two if necessary, noting expiry date. Ensure that an EpiPen® is replaced **prior to expiry date.**
- ☑ Educate your child as to the importance of the EpiPen® staying with him/her. We suggest an EpiPen® belt or waist pouch.
- ☑ Obtain and encourage your child to wear a MedicAlert bracelet.

We thank you for your cooperation in this matter.



CONSENT FOR THE ADMINISTRATION OF AN EPIPEN®

This form must be completed upon registration in a City of Brantford program and whenever there is a change in the symptoms and/or medication given.

A. IDENTIFICATION – *Please print*

Participant's Name: _____

Parent/Guardian's Name: _____

Child's Health Card #: _____

Program: _____ Location: _____

B. PARENTS STATEMENT – *Please print*

THE FACILITY SUPERVISOR RESERVES THE RIGHT TO REQUEST A DOCTOR'S NOTE IF MORE INFORMATION IS NEEDED.

I have been informed by my child's physician that the following procedures are medically appropriate for the above named person and should be administered during the program if required:

Name of Procedure/Medication: _____

Administration Frequency: _____

Cautions, Side Effect, Storage/Duration: _____

Epi-Pen® Expiry Date: _____

(Parent is required to replace prior to expiry date)



Participant's Name: _____

C. EMERGENCY ALLERGY ALERT – Please Print

Allergy Description

This child has a dangerous life threatening allergy to the following substances:

Avoidance is the Key!

Please list any detailed information about your child to help prevent an allergic reaction:

Symptoms Specific to Your Child

0 – 15 minutes after ingestion or contact:

Any Other Medications to be Given

Parent's Name: _____ Home Telephone Number: _____ Business Telephone Number: _____ _____	Doctor's Name: _____ Telephone Number: _____ Address: _____ _____	Emergency Contact: _____ Telephone Number: _____ Relationship to Child: _____ _____
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Parent's Signature: _____ **Date:** _____



**PARENT/GUARDIAN INFORMED AUTHORIZATION AND RELEASE
FOR THE ADMINISTRATION OF AN EPI-PEN®**

I/We have hereby requested that an EpiPen® be administered in the event of an anaphylaxis emergency.

I/We understand that this service will be provided by a person without medical or nursing training. It is further understood that in the absence of the regular leader a replacement leader will be assigned to the child's group.

I/We have agreed to provide (Facility): _____ with a written updated medical statement whenever there is a change in the physician's instructions with respect to medication. It is further understood that keeping the facility staff informed is my responsibility. I/We further agree that the participants will carry that medication on their person.

I/We confirm that Dr. _____ has fully explained to me and to my child _____ the nature, effect and possible side effects of such treatment and hereby acknowledge that I have read and fully understand the following:

- Parent Responsibilities
- Consent for the Administration of an EpiPen®

I/We are fully aware and recognize that the City of Brantford programs, facilities, staff or support people are in no way able to provide or promise a risk free or allergen free environment for my child.

The City of Brantford 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 participation in the City of Brantford programs.

The personal information collected on this form by Brantford Parks and Recreation will be used solely to determine and access eligibility for administration of an EpiPen®. and will be collected under the authority of the Municipal Act, RSO 1980, c.302 (as amended). Questions about this collection should be directed to the Director of Parks & Recreation, 1 Sherwood Drive, Brantford, ON N3T 1N3

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Witness: _____ Date: _____