



Consent for Assistance in Administering an EpiPen Form

This form must be completed upon registration in a recreation program and whenever there is a change in symptoms and/or medication.

General Information

Participant's Name:

Location: The Art School of Peterborough, 174A Charlotte Street, Peterborough

Program:

Dates of Program:

Parent/Guardian #1

Name:

Address:

Home Phone Number:

Work/Cell Phone Number:

Parent/Guardian #2

Name:

Address:

Home Phone Number:

Work/Cell Phone Number:

Emergency Contact

Name:

Phone Number:

Parent/Guardian informed authorization and release for the assistance in the administering of an EpiPen:

I/we have requested that an EpiPen be administered in the event of an anaphylaxis emergency. I/we understand that this service may not be provided by a person without medical or nursing training.

I/we understand that The Art School of Peterborough/facility staff will only assist in the administration (Participant's hand on EpiPen; staff hand over Participant's hand) of an EpiPen.

I/we agree to provide Recreation Services staff with a written and up-to-date medical statement whenever there is a change in the physician's instructions with respect to medication.

I/we also agree that the Participant will carry the EpiPen on their person at all times or be in charge of an instructor. Should the Participant arrive at the program without their EpiPen, they will be removed from program activities until a Parent/Guardian can arrive on site with the EpiPen or pick up the child.

I/we understand the returning of the EpiPens is the responsibility of the Parent/guardian to ensure the EpiPen is taken home with the child each night and at the end of camp on Friday. The Art School is not responsible for lost EpiPens.

I/we are fully aware that The Art School of Peterborough are in no way to provide or promise a risk-free or allergen-free environment for my child.

Parent/Guardian Signature:

Date:

Anaphylaxis Alert Information

Participant's Name:

Allergy Description – Life-threatening allergy to the following:

Signs and Symptoms (check symptoms specific to your child):

- Tingling, itchiness or metallic taste in mouth
- Watering of eyes and nose, sneezing
- Hives, redness, generalized flushing, rash, itching

- Swelling – eyes, ears, lips, tongue, face and skin

- Itchiness or tightness in the throat, choking, tightness in chest Wheezing,
- hoarseness, hacking cough

- Nausea, vomiting, stomach pain and/or diarrhea

- Dizziness, unsteadiness, drowsiness, feeling of impending doom Fall in blood pressure

- Loss of consciousness

- Coma and death

- Other – Please list:

Epinephrine Auto-Injector(s) is stored in: