

ANAPHYLAXIS ALERT POSTER

Child's Photo Here

Child's Name: _____ Child's Age: _____

Parent(s) or Guardians Name: _____

Home Telephone #: _____

Alternate Telephone #: _____

Parent(s) or Guardians Name: _____

Home Telephone #: _____

Alternate Telephone #: _____

Emergency Contact: _____

Telephone #: _____ Relationship: _____

Allergy Description

Life-Threatening allergy to the following:

The key to preventing an Anaphylactic Emergency is **ABSOLUTE AVOIDANCE** of the allergen.

SIGNS AND SYMPTOMS (Check symptoms specific to your child)

- Tingling, itchiness or metallic taste in mouth
- Watering of eyes & nose, sneezing
- Hives, redness, generalized flushing, rash, itching
- Swelling – eyes, ears, lips, tongue, face, & skin
- Itchiness or tightness in 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
- Other; please list _____

I have read and understood that the personal information and photo on this form may be posted and/or made available to staff in case of an emergency. Personal information contained on this form is collected under the authority of the Municipal Act, and will be used by the staff in case of an emergency. Questions about this collection should be directed to the Recreation and Fitness Coordinator.

Parent/Guardian Signature

Date



Anaphylactic Allergies & the Administration of Epi-Pens

Child's Name: _____ Child's Age: _____

Program Location: _____

Parent(s) or Guardians Name: _____

Please note: The following is our procedure for Anaphylactic Allergies and the Administration of Epi-Pens.

1. Participants must notify the Department upon registering for programs if they require the use of an Epi-Pen.
2. Participants who require Epi-Pens are responsible to ensure that they have their Epi-Pens with them while attending the program. Epi-Pens **must be carried by the participants**, in a waist pack that is easily identifiable.
3. Recreation Program Staff will **supervise only**, the self-administration of Epi-Pens by participants.
4. In the event that a participant is not capable of administering it themselves Recreation Program Staff will administer the Epi-Pen using the hand over hand technique.
5. Participants must provide written consent allowing staff to assist in administering an Epi-Pen, signed by a parent or legal guardian.
6. Recreation Program Staff will be required to have Epi-Pen training.

I give the Recreation Program Staff permission to administer an Epi-Pen to my son/daughter in the event that they are unable to administer the Epi-Pen themselves (Please note: The Municipality of Clarington does not supply the Epi-Pens).

Parent/Guardian Signature

Date