



Consent for Assistance in Administering an EpiPen Form

Personal information on this form is collected pursuant to Section 11 of the Municipal Act, 2001 and will be used to assist with the administration of an EpiPen. Questions about this collection should be directed to the City's Freedom of Information Coordinator at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7, by phone at 905-436-3311 or by email at clerks@oshawa.ca.

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:	Program:
Location:	Dates of Program:

Parent/Guardian #1

Name:
Address:
Home Phone Number:
Work Phone Number:

Parent/Guardian #2

Name:
Address:
Home Phone Number:
Work Phone Number:

Emergency Contact

Name:	Phone Number:
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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 will be provided by a person without medical or nursing training. I/we understand that Recreation Services program/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.** 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 are fully aware that the City of Oshawa and Recreation Services are in no way to provide or promise a risk-free or allergen-free environment for my child.

Parent/Guardian Signature:	Date:
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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: _____