

Parental Consent for Allergy Action Plan

Medical and Permission Form must also be completed

My child has an allergy to a substance that results in anaphylaxis – a severe allergic response.

1 Participant/Guardian Information	
Participant (child) name	Date of birth (mm/dd/yyyy)
Parent/Legal Guardian name	I am the child's <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
My child carries an epinephrine injector (e.g. EpiPen®)	
Expiry date (mm/dd/yyyy). Please note we do not accept expired epinephrine injectors.	
Prescribed by (name of doctor). Epinephrine injector must be prescribed to the child.	
Location of the epinephrine injector (describe location*)	

***Note:** If program location is a school, Township staff do not have access to the office after school hours.

2 Triggers
Triggers for anaphylaxis in my child include (check all that apply) <input type="checkbox"/> Dairy <input type="checkbox"/> Eggs <input type="checkbox"/> Fish <input type="checkbox"/> Milk <input type="checkbox"/> Nuts <input type="checkbox"/> Peanuts <input type="checkbox"/> Shellfish
List all food additives:
Insect stings:
Medications:

3 Symptoms

Symptoms of anaphylaxis for my child include (check all that apply)

- Abdominal cramps
- Difficulty breathing or swallowing
- Headache
- Itching of skin, raised rash, hives
- Loss of consciousness
- Nausea
- Swelling and/or flush of tissues of eyes, lips, tongue, throat, hands, and/or feet
- Wheezing, shortness of breath, coughing, hoarseness
- Vomiting
- Other (describe below)

4 Parent/Legal Guardian Consent

I acknowledge that my child has an allergy to a substance that results in anaphylaxis. I provide my consent, to qualified Township of Langley recreation staff, to administer the epinephrine injection (e.g. EpiPen®), as described on this form, if a anaphylatic reaction occurs in my child.

Parent/Guardian signature

Print name

Date (mm/dd/yyyy)