

Severe Allergy Information

Contact Information:

Name of Participant: _____ Age: _____ Gender: _____
 Parent/Guardian Name _____ Phone Number: _____
 Camp Dates _____

Severe Allergy Information:

Predictable cause of medical emergency (i.e. allergen):

Particular symptoms to this child:

Measures that may be taken to avoid an emergency:

In case of emergency, I can be reached at:

I understand that

I, _____ the parent/guardian of _____ (child)

allow Museum staff to administer an epi-pen to my child in the event that it is required by my child.

I have reviewed how to administer the medication with the Museum staff responsible for my child prior to the program.

My child must have their medication with them while in the Museum program.

I will provide a second epi-pen in case emergency medical assistance takes longer than fifteen minutes to arrive.

A Medic Alert bracelet or necklace is recommended.

Medication is not past its expiry date.

I release and save harmless The Strathcona County Heritage Foundation, operating as the Strathcona County Museum & Archives and its employees, servants, volunteers and agents with respect to any actions, liabilities, costs, damages or injuries which may occur by virtue of any measure taken to avoid an emergency.

Signature (parent/guardian)

Date

Emergency Action Plan

1. Use epi-pen immediately Epi-pen is located: _____
2. Have someone call 911 and advise that a child is having an anaphylactic reaction
3. Phone parents at: _____
4. If ambulance has not arrived in ten to fifteen minutes, and breathing difficulties are present (e.g. wheeze, cough, throat clearing), a second epi-pen is administered.
5. Even if symptoms subside entirely, this child must be taken by ambulance to hospital immediately.

Date: _____ Parent/Guardian Signature: _____

Date: _____ Program Director Signature: _____

Form will be kept: _____