

EMERGENCY MEDICAL DATA SHEET

PARTICIPANTS WITH SEVERE ALLERGIC REACTIONS (ANAPHYLAXIS)

Date Form Completed (dd/mm/yyyy): _____ *Completed By:* _____

INSTRUCTIONS:

Emergency Treatment information is shown below on this page. This form is for use by program staff and coordinators. All information requested below must be obtained from the parent or guardian of the child. This form will be given to the leaders of the program your child is registered in and will be kept with emergency contact information.

1. PERSONAL INFORMATION AND EMERGENCY CONTACT

Participant Name: _____

Date of Birth (dd/mm/yy): _____ ☐ Male ☐ Female

Main Contact: _____ *Relationship:* _____
Phone: _____

Alternative Contact: _____ Relationship: _____
 Phone: _____

Other Phone Number (specify): _____

Physician: _____ Phone: _____

Allergy Specialist: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Photograph of participant

2. ALLERGY INFORMATION

Allergies and known anaphylaxis causing agents:

Symptoms particular to this child:

Location of Adrenaline / Medical Supplies / Antihistamines:

Which method of contact will cause a serious reaction in your child?

Please check all that apply.

- ☐ **Inhalation (Breathing in)**
- ☐ **Ingestion (Eating or drinking)**
- ☐ **Physical contact (touching)**
- ☐ **Other (specify)** _____

Freedom of Information and Protection of Privacy (FOIP) Statement

The personal information collected on this Emergency Medical Data Sheet is collected under the authority of section 33(c) of the *FOIP Act* and will be used by Community Services for the administration of the City of Edmonton "Daycamp Programs," program evaluation and administrative purposes. Your personal information will be protected in accordance with the privacy provisions of the *FOIP Act*. If you have any questions about the collection, use or disclosure of your personal information, please contact the Program Manager for Facilities and Programs at 496-2930.

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Other pertinent Information (environmental control measures, medications and or dietary restrictions that help prevent an allergic/anaphylactic reaction): _____

IF A REACTION OCCURS:

- Listen to the child
- If the reaction increases, **assist** the child in administering an injection of adrenaline (“Epi-Pen”) in the thigh or upper arm, through the clothing if necessary. **DO NOT HESITATE:** Adrenaline can save a child’s life. The child will not have a major adverse reaction to it.
- **FIRST assist** administration of the adrenaline (“Epi-Pen”), THEN telephone 911 for medical help immediately.

This form and Epinephrine Administration procedures reviewed by the parent/guardian and Community Services Program Staff on:

Staff Signature: _____ Parent/Guardian Signature: _____

Date: _____ Time: _____

Staff Signature: _____ Parent/Guardian Signature: _____

Date: _____ Time: _____

Staff Signature: _____ Parent/Guardian Signature: _____

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Date: _____ Time: _____

Epinephrine/Epi-Pen Administration Waiver Form

Name of Camper (Please Print)	Date
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I, the undersigned, parent/guardian of _____ (child/ward), allow the Community Services Department, Program staff to administer epinephrine to _____ (child/ward), in the event that it is required by my child/ward. I release and save harmless the City of Edmonton, and it's employees, servants, volunteers and agents with respect to any actions, liabilities, costs, damages or injuries which may occur by virtue of their having administered epinephrine as required by the attached Emergency Medical Data Sheet.

I understand that I, _____ the parent/guardian of _____ (participant) am responsible to ensure that:

- ☐ I have completed the Emergency Data Form.
- ☐ I take the time to explain the Emergency Data Form to the program staff responsible for my child/ward, upon drop-off on the first day of the program.
- ☐ I have reviewed how to administer an Epi-Pen with the program staff responsible for my child/ward, upon drop-off on the first day of the program.
- ☐ My child will be carrying a non-expired Epi-Pen in a fanny pack at all times while in the Community Services Department program.

Name of Parent / Guardian	Signature	Date
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Name of Camp Leader	Signature	Date
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