



## ANAPHYLAXIS EMERGENCY PLAN

The personal information on this form is collected under authority of Section 11 of the Municipal Act 2001, SO 2001, c. 25. Only a parent/legal guardian shown on this form and Camp KidsTown Staff are entitled to have access to the information indicated on this form. This form will be used to administer Camp KidsTown. Questions about this collection should be directed to: Tara Posluns, Director of Camp KidsTown, 45 Bruce Street, Milton, 905-462-5534.

Participant's Full Name (please print clearly)

### This person has a potentially life-threatening allergy (anaphylaxis) to:

Peanut                      Tree Nuts                      Shellfish                      Egg                      Milk                      Insect Stings  
  
 Latex                      Medication \_\_\_\_\_                      Other \_\_\_\_\_

**Food:** The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat any unmarked/bulk food or products with a “may contain” warning.

### My Child's Emergency Treatment is:

<b>Epinephrine Auto Injector</b>	EpiPen® Jr. 0.15mg	Expiry Date Dose 1:	Expiry Date Dose 2:
	EpiPen® 0.30mg	Expiry Date Dose 1:	Expiry Date Dose 2:
	Twinject™ 0.15mg	Expiry Date Dose 1:	Expiry Date Dose 2:
	Twinject™ 0.30mg	Expiry Date Dose 1:	Expiry Date Dose 2:
<b>Antihistamine</b>			
<b>Other</b>			

**Location of Auto-Injectors (Personal Vessel):**

**Location of Other Medications:**

**Additional Instructions:**

**Asthmatic:** Person is at greater risk. If a person is having a reaction and having difficulty breathing, give epinephrine auto-injector before asthma medication.

**A person having an anaphylactic reaction might have ANY of these signs and symptoms.**

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (Breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay-fever like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/light-headed, shock
- **Other:** anxiety, feeling of impending doom, headache

**Early recognition of symptoms and immediate treatment could save a person's life. ACT QUICKLY.  
The first sign of a reaction can be mild but symptoms can get worse very quickly.**

1. **Give/assist in giving epinephrine auto injector** (e.g. EpiPen® or Twinject™) at the first sign of a reaction occurring in conjunction with a known or suspected contact with an allergen. Give a second dose in 10-15 minutes or sooner IF the reaction continues to worsen.
2. **Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
3. **Call Program Supervisor** and inform full-time staff so they can be prepared to meet the ambulance.
4. **Remove the causative agent** i.e. Latex glove, perfume, peanuts.
5. **Go to the nearest hospital**, even if symptoms have stopped or are mild.
6. **Call the contact person(s) listed below.**

**Emergency Contact Information**

Name (please print)	Relationship	Home Phone	Work Phone	Cell Phone

Parent/Legal Guardian Full Name (Please print)

Signature

Date



## EPINEPHRINE ADMINISTRATION AGREEMENT

### Release and Waiver of Liability and Indemnity, Assumption of Risks and Consent to Medical Treatment

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#### Participant Information

Last Name	Middle Name	First Name
Phone Number	Birth Date (YYYY MM DD)	
Address: Number	Street Name	Apt. Number
City	Province	Postal Code

#### Emergency Contact

Last Name	Middle Name	First Name
Phone Number	Alternate Phone Number	

#### Release and Wavier of Liability and Indemnity

The Participant and Parent/Legal Guardian agree to release and waive all claims and hereby indemnify and hold harmless the Corporation of Camp KidsTown, its volunteers and other participants for any and all liability for any property damage or personal injury resulting from the administration of epinephrine. The Participant and Parent/Legal Guardian hereby further agree that Camp KidsTown, its volunteers and other participants shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses respecting any act done in good faith, including, but not limited to personal injury, death, property damage or loss in the administration of epinephrine, whether or not such injury, damage or loss occurred as a result of any negligence, negligent misrepresentation or breach of statutory duty and/or breach of contract on the part of Camp KidsTown, its volunteers and other participants, unless damages are the result of gross negligence on the part of Camp KidsTown, its volunteers and other participants.

#### Assumption of Risks

The administration of epinephrine involves various risks, dangers and hazards which the Participant is required to assume. The Participant and Parent/Legal Guardian hereby freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property or loss resulting there from.

**Consent to Medical Treatment**

The participant and Guardian agree to hereby give permission to have the Camp KidsTown, its volunteers and other participants arrange for any emergency medical care including hospitalization/transportation, if necessary, to the administration of such emergency medical treatment as may be deemed necessary in the circumstances. The Participant and Parent/Legal Guardian agrees to pay all costs associated with medical care and transportation.

**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 Specialty program/facility staff will only assist in the administration (Camper's hand on EpiPen; staff hand over Camper's hand) of an EpiPen. I/we agree to provide Camp KidsTown 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 camper will carry the EpiPen on their person at all times. Should the camper 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.

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**PARENTS/LEGAL GUARDIANS HAVE COMPLETED THE APPROPRIATE FORMS FOR ANAPHYLAXIS EMERGENCIES AND HAVE PROVIDED TWO (2) DOSES OF CURRENT MEDICATION.**

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I have read the release and waiver of liability and indemnity, assumption of risks and consent to medical treatment, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Parent/Legal Guardian Full Name (Please print)
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Signature
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Date
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