



Parental Consent for Allergy Action Plan

Medical and Permission Form must also be completed

1 Participant/Guardian Information

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

Participant (child) name

Date of birth (mm/dd/yyyy)

Parent/Legal Guardian name

I am the child's Parent Legal Guardian

My child carries an epinephrine injection (e.g. EpiPen®) _____

prescribed by (name of doctor) _____

Epinephrine injection expiry date (mm/dd/yyyy)

Location of the epinephrine pen (describe location*)

*Note: Township staff do not have access to school office after school hours.

2 Triggers

Triggers for anaphylaxis in my child include (check all that apply)

- Dairy Eggs Fish Milk Nuts Peanuts 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

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

Date (mm/dd/yyyy)

Print name