

Emergency Plan For (participant's name): _____

Participant and Epi-Pen Information

- Peanut Tree Nuts Egg Milk
 Insect Stings Latex Medication: _____
 Other: _____

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

Epinephrine Auto-Injector Expiry Date: _____ / _____

Epi-Pen Type (Dosage): EpiPen Jr. (0.15mg) EpiPen (0.30mg)
 Twinject (0.15mg) Twinject (0.30mg)

Location of Auto-Injector(s): _____

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

Signs and Symptoms

A person having an anaphylactic reaction may have **ANY** of the signs or symptoms listed below, even if they have not previously experienced the symptom before. Known or expected signs and symptoms for this participant are checked below, however, staff should be on alert for any of these symptoms.

- **Skin:** hives swelling itching warmth redness rash
- **Respiratory (breathing):** wheezing shortness of breath tight throat cough
- **Gastrointestinal (stomach):** nausea pain/cramps vomiting diarrhea
- **Cardiovascular (heart):** pale blue colour weak pulse passing out dizzy/light headed

Emergency Procedure

1. **Act quickly**, the first signs of a reaction can be mild but symptoms worsen very quickly.
2. **Give epinephrine auto-injector**, (i.e. EpiPen or Twinject) at the first sign of a reaction in the large muscle in the upper thigh.
3. **Call 911**, tell them someone is having a life-threatening allergic reaction.
4. **Give a second dose**, 10 to 15 minutes later or sooner **IF** the reaction continues or worsens.
5. **Seek medical attention and go to the nearest hospital**, even if symptoms are mild or have stopped.
6. **Call contact person or emergency contacts**, to meet participant at the hospital.

Parent Responsibility Checklist

To ensure your child's safety in the City of Hamilton Recreation programs, parents are responsible for providing/obtaining the following:

Identify the allergy and need for an epi-pen on the registration form

Complete the first page, "Individual Anaphylaxis Emergency Plan", sign the consent form (below), and submit to the Recreation Coordinator/Aquatic Coordinator before the start of your child's program

Assist staff by providing clarification, instructions, and orientation for your child's unique needs.
Provide updated information as necessary

Ensure your child attends program **with their epi-pen in a waist pouch** at all times. Children requiring an epi-pen, but do not bring one with them, will not be admitted into the program.

Educate your child to ensure they keep their epi-pen on them at all times and do not let other children have it.

Obtain and encourage your child to wear a MedicAlert bracelet.

Parent Consent Form

I/We have hereby requested that an Epi-Pen be administered in the event of an anaphylaxis emergency. I have been informed by my child's physician that the following procedures are medically appropriate for the child named on this Individual Anaphylaxis Emergency Plan.

I/We understand that this service will be provided by a person without medical or nursing training. It is further understood that in the absence of the regular leader/instructor, a replacement leader will be assigned to the child's program. I/We give permission to share the information given on this Emergency Plan with all relevant staff involved with leading and supervising recreation programs.

I/We agree to provide the program staff and program facility with a written, updated medical statement whenever there is a change in the physician's instructions with respect to medication. It is further understood that keeping the facility staff informed is my responsibility. I/We further agree that the participant will be responsible for carrying their Epi-Pen on person at all times (in the event of pool programs, the Epi-Pen will be kept with lifeguards on deck).

I/We confirm that Dr. _____ at phone number _____ has fully explained to me and my child, the nature, effect, and possible side effects of such treatment and I hereby acknowledge that I have read and fully understand the following:

- Individual Anaphylaxis Emergency Plan staff emergency procedure
- Parent Responsibility Checklist

I/We are fully aware and recognize that the City Of Hamilton programs, facilities, staff, or support people are in no way able to provide or promise a risk free or allergen free environment for my child. The City Of Hamilton will provide for the health and welfare of each participant, but will be released and held harmless from all actions, damages, or claims arising out of participation in the City Of Hamilton programs.

In the event that the emergency procedures need to be followed, parents and emergency contacts will be contacted in the order listed below. I/We understand that it is our responsibility to ensure these numbers are accurate and up to date.

In accordance with the Municipal Freedom of Information Act and Protection of Privacy Act, the personal information provided on these forms will be used solely to determine and assess eligibility for administration of an EpiPen, and to inform staff who are working with the participant.

Contact Name	Relationship	Home Phone #	Work Phone #	Cell Phone #

Parent/Guardian 1 Name (print): _____ Signature: _____ Date: _____

Parent/Guardian 2 Name (print): _____ Signature: _____ Date: _____