



## A.3 Administration of Epinephrine Consent Form

**Parent/Guardian:** After completing the A.1: Medical Information form and working with the centre Supervisor to complete the A.2: Individual Anaphylaxis Emergency Plan, please review and sign this consent form and return it to the centre Supervisor.

**Name of Child:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

My child/ward is at risk for an anaphylaxis reaction as noted on the A.1 Medical Information form attached.

I hereby authorize and instruct RisingOaks Early Learning to administer epinephrine by injection to my child/ward for the purpose of providing temporary emergency response to a perceived life-threatening occurrence which may be seen to result from an allergic reaction, the symptoms of which are:

**Type:**  Epi-Pen Jr. (0.15 mg)       Epi-Pen Jr. (0.30 mg)  
 Other: \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_

**Location:** If your child is of school age, please identify if he/she should self-carry the Epi-Pen/Twinject/Allerject  
 Self-carrying       Stored/carried by staff       N/A

My signature shall be your good and sufficient authority to administer epinephrine by injection, recognizing that staff are not medically trained. I release RisingOaks Early Learning Ontario, its employees and agents from any liability for loss, damage or injury, howsoever caused, to my child/ward's person or property arising out of the administration - or failure to administer - the procedure as provided on the A.2: Individual Anaphylaxis Emergency Plan.

### Consent of Custodial parent or guardian

<b>Print name</b>	<b>Signature</b>
<b>Date:</b> _____	<b>Relationship to Child/Ward:</b> _____

<b>Witnessed by (print name)</b>	<b>Signature</b>	<b>Date</b>
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(2020-12)

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# Administration Record: Epi-Pen, Twinject or Allerject

Child's Name: \_\_\_\_\_

Centre: \_\_\_\_\_

Room: \_\_\_\_\_

<b>DATE</b> MM/DD/YY	<b>PRESCRIBED MEDICATION</b>	<b>DOSAGE</b>	<b>TIME GIVEN</b> (e.g., 10:00 am)	<b>GIVEN BY</b>	<b>PARENT INITIALS</b>