



Emergency Allergy Alert Photo ID Form

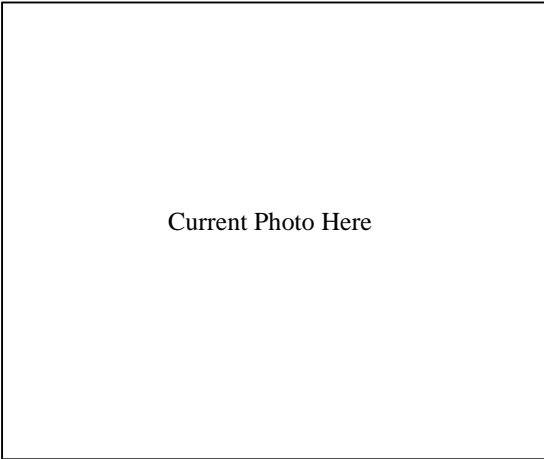


This form must be completed upon registration and whenever there is a change in the medication.
This form and picture must be updated annually.

Name: _____

Location/Program: _____

Life Threatening Allergy to: _____



Symptoms: (specific to your child, 0-15 minutes after consumption or contact): _____

Prevention Tips: Please list any detailed info about your child to help prevent an allergic reaction: _____

EpiPen® Location: _____

EpiPen® Expiry Date: _____

(Parents required to replace EpiPen® prior to expiry date)

What to Do:

1. Child should tell you or you will notice one or more of the above symptoms.
2. Lay child down. Inject EpiPen® into child's thigh at right angle to the leg. Hold for 10 seconds.
3. Remove EpiPen® and massage the area for 10 seconds.
4. Call 911 and indicate that the child is having an anaphylactic reaction.
5. Call Parents / Emergency Contact

Parent's Name: _____ **Phone: Res:** _____ **Bus/Cell:** _____

Emergency Contact: _____ **Phone:** _____ **Relationship:** _____

Parent's Signature: _____ **Date:** _____

Office Use Only					
<input type="checkbox"/> Office	<input type="checkbox"/> Aquatic Staff Room	<input type="checkbox"/> Leaders/Instructors	<input type="checkbox"/> Waist Pack	<input type="checkbox"/> Family	<input type="checkbox"/> Other

Parent/Guardian Informed Authorization and Release for the Administration of an Epi-Pen

Please initial each paragraph below

- I/We have hereby authorized and instructed that an EpiPen[®] be administered in the event on an Anaphylaxis emergency.
- 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 a replacement leader will be assigned to the child's group.
- I/We agree to provide (program site): __ 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 carry the medication on their person.
- I/We agree it is my responsibility to ensure the medication is properly labeled with the child's name and name of the drug, and to ensure that the drug is not expired.
- I/We confirm that Dr. _____ has fully explained to me and to my child the nature, effect and possible side effects of such treatment and hereby acknowledge that I have read and fully understand the following documents:
- Parent Responsibilities
 - Consent for the Administration of an EpiPen[®]
 - Participant Allergy Alert/Photo ID Form
- I/We also understand that the Participant Allergy Alert/Photo ID Form will be posted publicly.
- I/We am fully aware and recognize that Community Recreation Services 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.
- My signature shall be your good and sufficient authority to administer the medication through EpiPen[®] injection, and I hereby release, indemnify and shall not hold the medication administrator, City of Cambridge, Community Recreation Services Department or any of its personnel liable for any action whatsoever which may arise out of the said medication administration, either at this given time or at any given time in the future.

Parent's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____
