

**This child has a potentially life-threatening allergy (anaphylaxis) to:**

Childs Name \_\_\_\_\_

Attach a  
PHOTO

**Allergies:** Check the appropriate boxes

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Peanut    | <input type="checkbox"/> Medication: _____ |
| <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Insect Stings     |
| <input type="checkbox"/> Egg       | <input type="checkbox"/> Latex             |
| <input type="checkbox"/> Milk      | <input type="checkbox"/> 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 unmarked/bulk foods or products with a "may contain" warning.

**Epinephrine Auto-Injector:** Expiry Date: \_\_\_\_\_

**Dosage:** \_\_\_\_\_

**Location of Auto-Injector(s):** \_\_\_\_\_

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

**Typical symptoms of anaphylactic reaction for this child**

- |                   |   |   |
|-------------------|---|---|
| <b>Skin:</b>      | <input type="checkbox"/> Swelling (eyes, lips, face, tongue)  | <input type="checkbox"/> Flushed body or face               |
|                   | <input type="checkbox"/> Cold, Clammy, Sweaty Skin  |   |
| <b>Breathing:</b> | <input type="checkbox"/> Wheezing   | <input type="checkbox"/> Difficulty Breathing or Swallowing |
|                   | <input type="checkbox"/> Coughing   | <input type="checkbox"/> Voice Change                       |
|                   | <input type="checkbox"/> Nasal Congestion or hay fever like symptoms (runny itchy nose and watery eyes, sneezing) |   |
| <b>Stomach:</b>   | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Vomiting                           |
|                   | <input type="checkbox"/> Stomach Cramps   | <input type="checkbox"/> Diarrhea                           |
| <b>Heart:</b>     | <input type="checkbox"/> Pale/Blue Colour   | <input type="checkbox"/> Weak Pulse                         |
|                   | <input type="checkbox"/> Fainting or Loss of Consciousness  | <input type="checkbox"/> Dizziness or Confusion             |
- Other: \_\_\_\_\_

**Emergency Treatment Procedures are:**

- 1. Give epinephrine auto-injector** at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 10 to 15 minutes or sooner IF the reaction continues or worsens.
- 2. Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
- 3. Call contact person.**
- 4. Any other instructions:** \_\_\_\_\_

Emergency Contact Information				
Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned parent/guardian hereby authorizes Esquimalt Recreation Centre staff to administer epinephrine to the above named child in the event of an anaphylactic reaction as described above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Personal information you provide on this form is collected under the authority of the Community Charter and will only be used for the purposes of the Esquimalt Parks & Recreation camp program. Your personal information will not be released except in accordance with the Freedom of Information and Protection of Privacy Act. Questions about the collection of your personal information may be referred to the Director of Corporate Services, Township of Esquimalt, 1229 Esquimalt Road, Esquimalt, BC V9A 3P1, 250-414-7135 or [corporate.services@esquimalt.ca](mailto:corporate.services@esquimalt.ca).