



SEVERE ALLERGY - Information

Player Name _____
Last Name First Name

Camp Dates _____

1. Allergen _____

2. Particular Symptoms to this child _____

3. Measures that may be taken to avoid emergency _____

4. In case of an emergency, contact _____
Name Relationship to Child
Phone Number

I understand that

- I, _____ the parent/guardian of _____ (child) allow Sherwood Park Minor Baseball staff to administer an epipen to my child in the event that it is required by my child.
- I must review how to administer the medication with the camp staff responsible for my child, at the start of the camp.
- my child must have his/her medication with him/her at all times while in the SPMBBA camp.
- I will provide a second epipen **in case** emergency medical assistance takes longer than fifteen minutes to arrive.
- a Medic Alert bracelet or necklace is recommended and a second epipen is required.
- medication is NOT past the expiry date.

I release and save harmless Sherwood Park Minor Baseball Association and its employees, servants, volunteers and agents with respect to any actions, liabilities, costs, damages or injuries which may occur by virtue of any measure taken to avoid an emergency.

(Parent/guardian signature)

Date



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Emergency Action Plan

1. Use epipen immediately! Epipen is located _____
2. Have someone call 911 and advise that a child is having an anaphylactic reaction.
3. Phone parents at 780. _____
4. If an ambulance has not arrived in **ten to fifteen minutes**, and breathing difficulties are present (eg. Wheeze, cough, throat clearing), administer a second epipen.
5. Even if symptoms subside entirely, this child **MUST** be taken by ambulance to the hospital immediately.

Date _____ Parent/guardian signature _____

Date _____ Camp Lead Instructor _____

Form will be kept with the Lead Instructor for the duration of the camp.