

Program name _____ Program date _____

Registrant name _____
Last name First name**Child's photo**1. Predictable cause of medical emergency (i.e. allergen) _____
_____2. Particular symptoms to this child _____
_____3. Measures that may be taken to avoid an emergency _____

4. In case of an emergency, I can be reached at telephone number _____

I understand that

- I, _____ the parent/guardian of _____ (child) allow Recreation, Parks and Culture staff to administer an epipen to my child in the event that it is required by my child.
- I have reviewed how to administer the medication with the program staff responsible for my child prior to the program,
- I agree with and have signed the preschool emergency action plan,
- my child must have his/her medication with him/her while in the Recreation, Parks and Culture program,
- 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 Strathcona County 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.

Signature (parent/guardian)_____
Date**Collection and use of personal information**

Personal information is collected in accordance with section 3 of the *Municipal Government Act* and section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP)* and is protected by FOIP. It will be used to prepare in the event of an emergency involving your child while in attendance during our programs. If you have any questions about the collection and use of the information, contact the Coordinator, Central Services, Recreation, Parks and Culture at 780-467-2211.

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 ambulance has not arrived in ten to fifteen minutes, and breathing difficulties are present (e.g. wheeze, cough, throat clearing), a second epipen is administered.
5. Even if symptoms subside entirely, this child must be taken by ambulance to hospital immediately.

Date _____ Parent or guardian signature _____

Date _____ Programmer or instructor _____

Form will be kept _____