CITY OF NANAIMO
THE HARBOUR CITY
PARKS, RECREATION AND CULTURE

# SEVERE ALLERGY INFORMATION

This form is designed to gather the necessary information to assist program participants 0-15 years who have severe allergies. This form must be completed prior to a child attending a program. If form is not completed, a guardian must remain on site with the child at all times.

**PLEASE COMPLETE THIS FORM AND HAND IN TO THE PROGRAM LEADER ON THE FIRST DAY OF PROGRAM.**

| Name of Participant: | Birth Date: |
|---|---|

| **Please Identify the Allergen(s) or "Triggering" Condition(s):** | | | | |
|---|---|---|---|---|
| ◯ Peanuts | ◯ Nuts | ◯ Dairy | ◯ Insects | ◯ Latex |
| ◯ Other (Please List): | | | | |

| | **Please initial next to the symptoms which might be expected:** |
|---|---|
| | Skin – Hives, swelling, itching, warmth, redness, rash |
| | Respiratory (breathing) – wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain, nasal congestion, hay-fever like symptoms (runny, itchy nose and watery eyes, sneezing, trouble swallowing) |
| | Gastro-intestinal (stomach) – nausea, pain/cramps, vomiting, diarrhea |
| | Cardio-vascular (heart) – pale/blue colour, weak pulse, passing out, dizzy/light headed, shock |
| | Other – anxiety, feeling of 'impending doom', headache, uterine cramps (females) |

I have observed the following symptoms:

| | | |
|---|---|---|
| Will your child carry an Epi-Pen or TwinJet injector to this program? | ◯ Yes | ◯ No |
| Does your child carry any other medications? | ◯ Yes | ◯ No |

If yes, please describe:

***(Note: Oral anti-histamines and ointments will not be administered by City of Nanaimo, Department of Parks, Recreation and Culture personnel***)

| | **Parent/Legal Guardian Authorization – Please read carefully and initial each line** |
|---|---|
| | I agree to ensure that my child understands his/her responsibilities for his/her safety. |
| | I give consent for the identification of my son/daughter as a person with an allergy and I understand that this may include the display of pertinent information within the program, identification to other participants and within the department's registration system for the sole purpose of minimizing and managing risks for my child. |
| | If changes occur in the condition of my son/daughter, in his/her medications or recommended treatments, I agree to provide the City of Nanaimo, Department of Parks, Recreation and Culture, any updated medical information in a timely manner. |
| | I give consent for staff and volunteers at the City of Nanaimo, Department of Parks, Recreation and Culture to seek emergency medical care (911) for my child. |
| | I agree to meet with the leader on the first day to provide the completed form and show the leader the medication. |

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| **Epinephrine Consent: My child has a severe allergy and carries Epinephrine. Please read carefully and initial each box** | |
|---|---|
| | I will provide one prescribed, single dose epinephrine auto injectors (Epi-pens) or one TwinJet injector. |
| | I will instruct my child to wear their epinephrine auto injectors in a waist belt at all times, however, when not possible/appropriate, the program leader will place the injectors in a clearly identified, accessible and safe location. |
| | I authorize the employees, instructors, leaders and/or volunteers of the City of Nanaimo, Department of Parks, Recreation and Culture and its agents to administer my child's epinephrine auto injector(s). |
| | I understand the City of Nanaimo, Department of Parks, Recreation and Culture staff will not administer any other medications for allergies including Benadryl or ointment. |
| | The City of Nanaimo, Department of Parks, Recreation and Culture has the right to require a guardian to stay on site during the program or deny access to the program if trained staff are not available to administer Epi-pens. |

| **Parent / Guardian Name:** | |
|---|---|
| **Parent / Guardian Signature:** | **Date:** |