

## Participants with Life Threatening Allergies Shared Roles:

### Participants will:

- wash their hands frequently.
- not share food, utensils, drinks, or straws.

### Program Staff will:

- make sure parents or legal guardians have filled out forms for anaphylaxis emergencies and have provided 1 dose of current medication.
- ensure children have their epinephrine auto-injector in a waist pouch or on them.
- keep children with nut products away from others.
- teach parents and participants about the importance of knowing about allergens.
- give or help with an auto-injector if needed.
- call 911 if someone shows signs of a severe allergic reaction, even if the auto-injector was used.
- call parents, guardians, or emergency contacts right away.

### Parents/Legal Guardians will:

- fill out all necessary forms before the program starts, like the Anaphylaxis Emergency Plan and Waiver.
- give their child one dose of current epinephrine medication (or antihistamine if needed).
- ensure their child has a suitable waist pouch to carry their medication.
- provide a list of emergency contacts.

# Anaphylaxis Emergency Plan

The personal information on this form is collected under authority of Section 11 of the *Municipal Act 2001*, SO 2001, c. 25. Only a parent/legal guardian shown on this form and City of Mississauga Staff are entitled to have access to the information indicated on this form. This form will be used to administer the City of Mississauga Recreation Programs. Questions about this collection should be directed to: Manager, Customer Service Centre, 301 Burnhamthorpe Road West, Ground floor, 905-615-3200 x5037.

Participant's Full Name (please print clearly)

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

- Peanut       Tree Nuts       Shellfish       Egg       Milk       Insect Stings  
 Latex       Medication \_\_\_\_\_       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 any unmarked/bulk food or products with a "may contain" warning.

My Child's Emergency Treatment is:

<b>Epinephrine Auto Injector:</b>	<input type="checkbox"/> EpiPen® Jr. 0.15 mg	Expiry Date Dose 1:	Expiry Date Dose 2:
	<input type="checkbox"/> EpiPen® 0.30 mg	Expiry Date Dose 1:	Expiry Date Dose 2:
	<input type="checkbox"/> Twinject™ 0.15 mg	Expiry Date Dose 1:	Expiry Date Dose 2:
	<input type="checkbox"/> Twinject™ 0.30 mg	Expiry Date Dose 1:	Expiry Date Dose 2:
<b>Antihistamine:</b>	Name of Medication:	Dosage:	Expiry Date:
<b>Other:</b>	Name of Medication:	Dosage:	Expiry Date:
<b>Location of Auto-Injectors (Personal Vessel):</b>			
<b>Location of Other Medications:</b>			
<b>Additional Instructions:</b>			

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

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (Breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay-fever like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/light-headed, shock
- **Other:** anxiety, feeling of impending doom, headache

Early recognition of symptoms and immediate treatment could save a person's life. Act quickly. The first sign of a reaction can be mild but symptoms can get worse very quickly.

1. **Give/assist in giving epinephrine auto injector** (e.g. EpiPen® or Twinject™) at the first sign of a reaction occurring in conjunction with a known or suspected contact with an allergen. Give a second dose in 10-15 minutes or sooner **IF** the reaction continues to worsen.
2. **Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
3. **Call Program Supervisor** and inform full-time staff so they can be prepared to meet the ambulance.
4. **Remove the causative agent** i.e. Latex glove, perfume, peanuts.
5. **Go to the nearest hospital**, even if symptoms have stopped or are mild.
6. **Call the contact person(s) listed below.**

Emergency Contact Information

Name (please print)	Relationship	Home Phone	Work Phone	Cell Phone

Parent/Legal Guardian Full Name (Please print)

Signature

Date

# Epinephrine Administration Agreement

Release and Waiver of Liability and Indemnity, Assumption of Risks and Consent to Medical Treatment

City of Mississauga  
Community Services Department  
Recreation



The personal information on this form is collected under authority of Section 11 of the *Municipal Act 2001*, SO 2001, c. 25. Only a parent/legal guardian shown on this form and City of Mississauga Staff are entitled to have access to the information indicated on this form. This form will be used to administer the City of Mississauga Recreation Programs. Questions about this collection should be directed to: Manager, Customer Service Centre, 301 Burnhamthorpe Road West, Ground floor, 905-615-3200 x5037.

Participant Information		
Last Name	Middle Name	First Name
Phone Number	Birth Date (YYYY/MM/DD)	
Address: Number	Street Name	Apt. Number
City	Province	Postal Code

**If the participant is under 18, a Legal Guardian must complete the following:**

Legal Guardian Information		
Last Name	Middle Name	First Name
Phone Number	Alternate Phone Number	
Address: Number	Street Name	Apt. Number
City	Province	Postal Code

Emergency Contact Information (if different from above)		
Last Name	Middle Name	First Name
Phone Number	Alternate Phone Number	

**BY SIGNING BELOW YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY.**

## Release and Wavier of Liability and Indemnity

The Participant and Parent/Legal Guardian agree to release and waive all claims and hereby indemnify and hold harmless the Corporation of the City of Mississauga ("City"), its volunteers and other participants for any and all liability for any property damage or personal injury resulting from the administration of epinephrine. The Participant and Parent/Legal Guardian hereby further agree that the City, its volunteers and other participants shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses respecting any act done in good faith, including, but not limited to personal injury, death, property damage or loss in the administration of epinephrine, whether or not such injury, damage or loss occurred as a result of any negligence, negligent misrepresentation or breach of statutory duty and/or breach of contract on the part of the City, its volunteers and other participants, unless damages are the result of gross negligence on the part of the City, its volunteers and other participants.

## Assumption of Risks

The administration of epinephrine involves various risks, dangers and hazards which the Participant is required to assume. The Participant and Parent/Legal Guardian hereby freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property or loss resulting there from.

## Consent to Medical Treatment

The participant and Guardian agree to hereby give permission to have the City, its volunteers and other participants arrange for any emergency medical care including hospitalization/transportation, if necessary, to the administration of such emergency medical treatment as may be deemed necessary in the circumstances. The Participant and Parent/Legal Guardian agrees to pay all costs associated with medical care and transportation.

I have read the release and waiver of liability and indemnity, assumption of risks and consent to medical treatment, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signature of Participant	Print Name Clearly	Date (YYYY/MM/DD)
--------------------------	--------------------	-------------------

**Or, if under 18 years of age:**

Signature of Parent(s) / Legal Guardian(s)	Print Name Clearly	Date (YYYY/MM/DD)
--	--------------------	-------------------

# Parent / Legal Guardian Medication Consent

City of Mississauga  
Community Services Department



The personal information on this form is collected under authority of Section 11 of the *Municipal Act 2001*, SO 2001, c. 25. Only a parent/legal guardian shown on this form and City of Mississauga Staff are entitled to have access to the information indicated on this form. This form will be used to administer the City of Mississauga Recreation Programs. Questions about this collection should be directed to: Manager, Customer Service Centre, 301 Burnhamthorpe Road West, Ground floor, 905-615-3200 x5037.

## **ONLY COMPLETE THIS FORM IF CHILD REQUIRES MEDICATION DURING CAMP HOURS**

### Participant

Last Name - CHILD	First Name - CHILD	Date of Birth (YYYY/MM/DD)
-------------------	--------------------	----------------------------

### Parent / Legal Guardian Information

Last Name - PARENT/LEGAL GUARDIAN	First Name - PARENT/LEGAL GUARDIAN	
Home Phone	Business Phone	Cell/Emergency Phone

### Primary Doctor Information

Last Name	Initial	Phone
-----------	---------	-------

### City Program

Program Name
Program Location
Weeks Attending (circle attending weeks) 1    2    3    4    5    6    7    8    9

### Medication

Medication Name	Expiry Date	Dosage	Time of Administration	Storage Requirements	Side Effects
1.					
2.					
3.					
4.					

Should the medication dosage change while the participant is registered at the program, it is the parent/guardian's responsibility to make the necessary revisions to the medication consent form or to complete a new medication consent form immediately.

I fully acknowledge that while all precautions for the safe and responsible administration of medication will be taken, the delegated staff person of the City of Mississauga is not medically qualified to perform this duty and that inherent in this, there may be certain risks or hazards for which I will not hold the Corporation of the City of Mississauga or any of its employees or volunteers responsible.

I also agree that I will ensure that any medication I bring for my child each day has not expired and will be picked up and taken home daily.

Signature - Parent / Legal Guardian and/or Individual 16 years of age or older (signing on own behalf)	Date (YYYY/MM/DD)
Signature - Parent / Legal Guardian and/or Individual 16 years of age or older (signing on own behalf)	Date (YYYY/MM/DD)

# Parent / Legal Guardian

## Emergency Contact Agreement



The personal information on this form is collected under authority of Section 11 of the *Municipal Act 2001*. Only the parent/legal guardian shown on this form and City of Mississauga Staff are entitled to have access to the information indicated on this form. This form will be used to contact and communicate with the person identified as Emergency Contact to receive information in the event of an emergency at a Recreation Camp Program. Questions about this collection should be directed to: Manager, Customer Service Centre, 301 Burnhamthorpe Road West, Ground floor, 905-615-3200 x5037.

### Participant(s)

ONE	Last Name - CHILD	Middle Initial	Provide any information regarding the participant which may be helpful to staff.
	First Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
TWO	Last Name - CHILD	Middle Initial	Provide any information regarding the participant which may be helpful to staff.
	First Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
THREE	Last Name - CHILD	Middle Initial	Provide any information regarding the participant which may be helpful to staff.
	First Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	

### Parent/Legal Guardian

ONE	Last Name	First Name	Middle Name
	Home Phone	Business Phone	Cell Phone
	Signature	Date	
TWO	Last Name	First Name	Middle Name
	Home Phone	Business Phone	Cell
	Signature	Date	

### Emergency Contact

Last Name	First Name	Middle Initial
Home Phone	Business Phone	Cell Phone