RisingOaks
Early Learning Ontario

A.3 Administration of Epinephrine Consent Form

Parent/Guardian: After completing the A.1: Medical Information form and working with the centre Supervisor to complete the A.2: Individual Anaphylaxis Emergency Plan, please review and sign this consent form and return it to the centre Supervisor.

Name of Child: _____ **Birth date**: _____

My child/ward is at risk for an anaphylaxis reaction as noted on the A.1 Medical Information form attached.

I herby authorize and instruct RisingOaks Early Learning to administer epinephrine by injection to my child/ward for the purpose of providing temporary emergency response to a perceived life-threatening occurrence which may be seen to result from an allergic reaction, the symptoms of which are:

Type: ☐ Epi-Pen Jr. (0.15 mg) ☐ Epi-Pen Jr. (0.30 mg)
☐ Other: _____

Expiry Date: _____

Location: If your child is of school age, please identify if he/she should self-carry the Epi-Pen/Twinject/Allerject
☐ Self-carrying ☐ Stored/carried by staff ☐ N/A

My signature shall be your good and sufficient authority to administer epinephrine by injection, recognizing that staff are not medically trained. I release RisingOaks Early Learning Ontario, its employees and agents from any liability for loss, damage or injury, howsoever caused, to my child/ward's person or property arising out of the administration – or failure to administer – the procedure as provided on the A.2: Individual Anaphylaxis Emergency Plan.

Consent of Custodial parent or guardian

_____ _____
Print name **Signature**

Date: _____ **Relationship to Child/Ward:** _____

_____ _____ _____
Witnessed by (print name) **Signature** **Date**

RisingOaks
Early Learning Ontario

Administration Record: Epi-Pen, Twinject or Allerject

Child's Name: _____ **Centre:** _____

Room: _____

DATE MM / DD / YY	PRESCRIBED MEDICATION	DOSAGE	TIME GIVEN (e.g., 10:00 am)	GIVEN BY	PARENT INITIALS