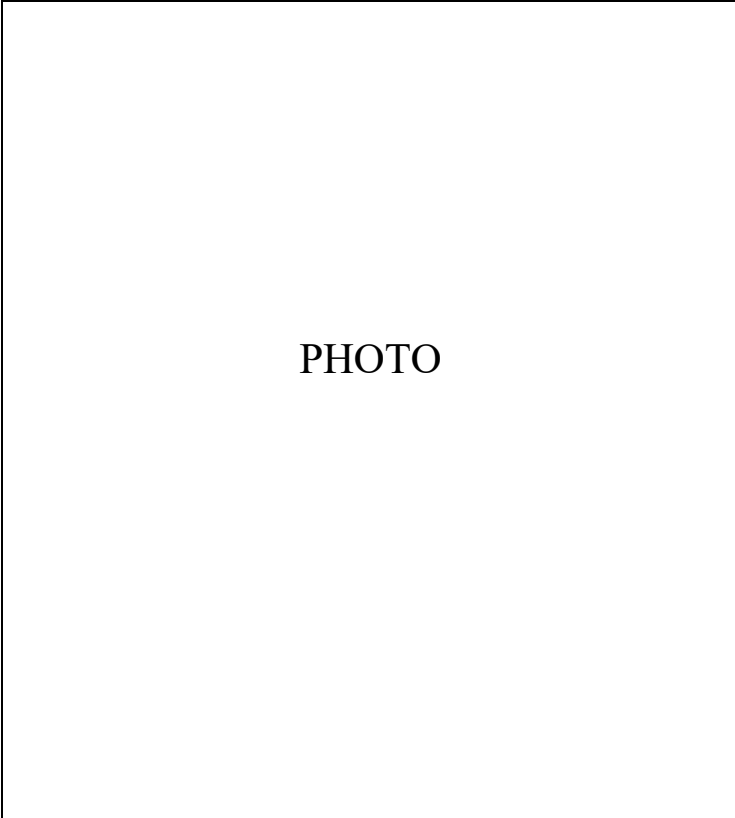


# Design Works Camps for Kids & Teens

## Anaphylaxis Emergency Plan (If applicable)

**Child's Name:** \_\_\_\_\_

**Child's Camp & Dates:** \_\_\_\_\_



**This person has a potentially life-threatening allergy (anaphylaxis) to:** *(Check all that apply.)*

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Peanuts           | <input type="checkbox"/> Tree nuts |
| <input type="checkbox"/> Egg               | <input type="checkbox"/> Milk      |
| <input type="checkbox"/> Insect stings     | <input type="checkbox"/> Latex     |
| <input type="checkbox"/> Medication: _____ |                                    |
| <input type="checkbox"/> Other: _____      |                                    |

**Epinephrine Auto-Injector (i.e. EpiPen™):**

Expiry date: \_\_\_\_\_

**Dosage:**

- |   |   |
|---|---|
| <input type="checkbox"/> EpiPen™ Jr 0.15 mg | <input type="checkbox"/> EpiPen™ 0.30 mg    |
| <input type="checkbox"/> Twinject™ 0.15 mg  | <input type="checkbox"/> Twinject™ 0.30 mg  |
| <input type="checkbox"/> Allerject™ 0.15 mg | <input type="checkbox"/> Allerject™ 0.30 mg |

**Location of Auto-Injector (i.e. EpiPen™):**

\_\_\_\_\_

**Has an Epinephrine Auto-Injector (i.e. EpiPen™) been used before?**       Yes       No

**Does the child know how to use the Auto-Injector (i.e. EpiPen™)?**       Yes       No

I, \_\_\_\_\_ *(print name)* give my consent to all staff of UNB's Design Works Camps to *assist* my child, \_\_\_\_\_ *(print name)* administer epinephrine via an auto-injector (i.e. EpiPen™) in the event of an anaphylactic reaction.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date (DD/MM/YY)*

**FOR OFFICE USE ONLY:      Emergency Contact Information**

Name	Relationship	Home Phone	Work Phone	Cell Phone