

# UNB Music Camps

## Anaphylaxis Emergency Plan

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

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

- Peanuts                       Tree nuts
- Egg                                 Milk
- Insect stings                 Latex
- Medication: \_\_\_\_\_
- Other: \_\_\_\_\_

PHOTO

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

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

**Dosage:**

- EpiPen™ Jr 0.15 mg             EpiPen™ 0.30 mg
- Twinject™ 0.15 mg             Twinject™ 0.30 mg
- Allerject™ 0.15 mg             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 Music 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