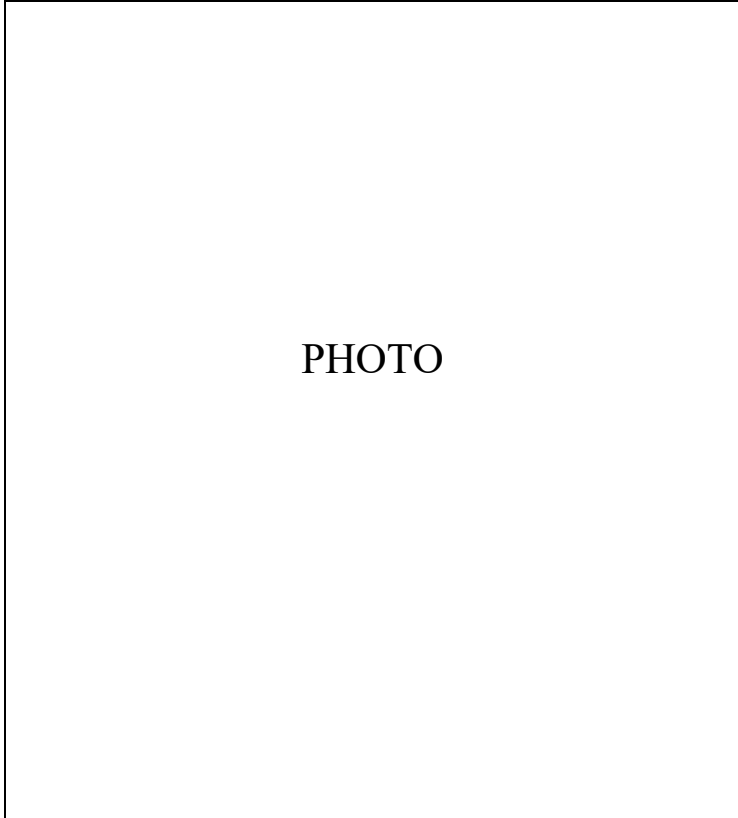


Design Works Camps for Kids & Teens

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.)*

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

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 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