

Conservatory @UNB Music Camps: Anaphylaxis Emergency Plan Date: _____	I _____ give my consent to all UNB Music Camps staff to assist _____ in administering epinephrine via auto-injector in the event of an anaphylactic event.
Conservatory @UNB Music Camps: Consent to administer medication Date: _____	I _____ consent to all UNB Music Camps staff to administer the prescribed medication(s) listed below to _____ if/when required.

All medications must be in their original packaging with the name of the student, dosage, and prescribing Dr.'s name printed on the label.	Please deliver medication daily to camp staff for safe storage.	Medication cannot be administered without the following form.
--	--	---

Condition/reason for medication...	Can the student self administer?
	Yes / No
	Storage needs (i.e. refrigeration) :

Name Of Medication(s):	Dosage:

Signs and symptoms or times required for administration:

Possible reactions/side effects:

Actions to be taken if the student experiences side effects:

<p>This child has a life threatening allergy (anaphylaxis) check all that may apply:</p> <p> <input type="checkbox"/> Peanuts / <input type="checkbox"/> Tree nuts <input type="checkbox"/> Eggs / <input type="checkbox"/> Dairy <input type="checkbox"/> Insect stings <input type="checkbox"/> Latex <input type="checkbox"/> Medication: _____ <input type="checkbox"/> Other: _____ </p>	<p>Epinephrine Auto-Injector Details:</p> <p>Expiration date: _____</p> <p>Has an Epinephrine Auto Injector been used before? Yes / No</p> <p>Does the student know how to use the Auto Injector? Yes / No</p>	<p>Dosage:</p> <p> <input type="checkbox"/> EpiPen JR 0.15 mg <input type="checkbox"/> Twinject 0.15 mg <input type="checkbox"/> Allerject 0.15 mg <input type="checkbox"/> EpiPen 0.30mg <input type="checkbox"/> Twinject 0.30 mg <input type="checkbox"/> Allerject 0.30 mg </p>
---	---	---