



EpiPen® consent form  
Consent to assist in administering EpiPen®

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Non-Binary: \_\_\_\_\_

Program: \_\_\_\_\_ Location(s): \_\_\_\_\_

Parent/guardian name (primary): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/guardian name (secondary): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant Health Card (optional): \_\_\_\_\_

Parent/Legal Guardian informed authorization/release to assist in administering EpiPen®:	Parent or Legal Guardian initials
I/we have requested that EpiPen® be administered in the event of an anaphylaxis emergency. I/we understand that this will be administered by a person without medical or nursing training. I/we understand that Recreation Services program staff will only assist in the administration of an EpiPen® (participant will hold the EpiPen®, with staff hand over participant's hand.)	
I also understand that it is the policy of the City of Markham to transport any child, who has required EpiPen® injection, got to the hospital via ambulance for immediate medical care. I give my permission for this follow up care.	
I/we agreed to provide Recreation Services staff with a written, updated medical statement whenever there is a change in the physician's instructions for medication.	
I/we also agree that the participant will carry the EpiPen® on their person at all times. Should they arrive at the program without their EpiPen®, they will be removed from program activities until a parent can arrive on site with the EpiPen®, or pick up the child. If my child is authorized to carry his/her own EpiPen® I will ensure that they wear an EpiPen® waist band, otherwise I authorize their counsellor to carry it in a fanny pack.	
I am fully aware that the City of Markham Recreation Services staff are in no way able to provide, or promise, a risk-free or allergen-free environment for my child.	
I understand that my child must wear a Medical Alert bracelet at all times while at camp.	

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information contained on this form is collected under the authority of the Municipal Act, and will be used solely to determine informed authorization/release for assistance in administering EpiPen® to the above named camper.