

**CITY OF OWEN SOUND  
INDIVIDUAL ANAPHYLAXIS PLAN**

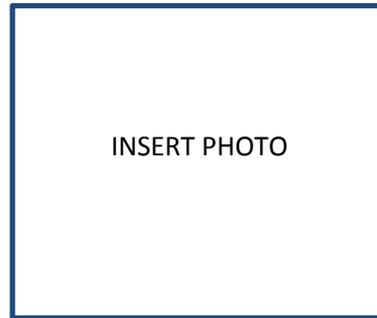
I acknowledge that it is my responsibility to advise the City of any medical or other conditions which may affect me or my child's participation in the Program (set out below) and have listed them below.

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

**Date of Birth:** \_\_\_\_\_

This child has a potentially life threatening allergy (anaphylaxis) to:

\_\_\_\_\_



**Food:** The key to preventing an anaphylactic emergency is avoidance of the allergen. Children with food allergies should not share food or eat unmarked, bulk food or products with a "may contain" warning.

**Prescribed Epinephrine Auto-Injector:**  Yes  No

**Child Self Carries Auto-Injector:**  Yes  No

A child having an anaphylactic reaction might have ANY of these signs and symptoms:

- Skin - hives, swelling (face, lips, tongue), itching, warmth, redness;
- Respiratory (breathing) - coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing;
- Gastrointestinal (stomach) - nausea, pain or cramps, vomiting, diarrhea;
- Cardiovascular (heart) - paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or light-headedness, shock;
- Other: anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste.

Act quickly. The first signs of a reaction can be mild, but symptoms worsen very quickly.

1. **Monitor** child who is self-administering own Epinephrine Auto-Injector.
2. **Call 911** Tell them that the child is having a life-threatening allergic reaction.
3. **Get child to the nearest hospital** (ensure child is accompanied) even if the symptoms are mild or have stopped.
4. **The Auto-Injector should accompany the child to hospital and be provided to the medical personnel or child's parent/guardian/emergency contact.**
5. **Call parents/guardians/emergency contacts.**

**Monitoring and Avoidance Strategies:**

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I would like to attach additional information to this Individual Anaphylaxis Plan

**Parental Consent Form and Release of Liability**

To the Corporation of the City of Owen Sound, its Third Party providers of programs, including but not limited to the Owen Sound Attack Inc., the Owen Sound Family Y.M.C.A., Buff Bistro and all employees, officers, agents, affiliated community associations and volunteers associated therewith (collectively referred to as the City).

**Program:** \_\_\_\_\_

**Dates of Program:** \_\_\_\_\_

In consideration for me and/or my child participating in this program, I recognize that there are inherent risks associated with the Program. I hereby agree to release the City from all claims, liabilities, obligations and costs which I may have against the City and its respective agents, servants and representatives, arising out of injury, loss or damage while I or my child participate in the Program.

In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

I have assisted with the development of this individualized plan for myself/my child and I understand and accept the terms set out herein.

**Emergency Contact Information**

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Alternative Contact/Name**

\_\_\_\_\_  
**Telephone**      **Cellular**

\_\_\_\_\_  
**Telephone**      **Cellular**

\_\_\_\_\_  
**Dr. Name**

\_\_\_\_\_  
**Dr. Telephone**

\_\_\_\_\_  
**Health Card Number**

\_\_\_\_\_  
**Expiry Date**

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

\_\_\_\_\_  
**Date**