

**Medical consent and Permission to Administer EpiPen**

It is the responsibility of the parent/guardian to inform the employee or volunteer leader of the participant’s allergy and EpiPen requirement during the registration process. The parent/guardian of the participant or the participant himself or herself must be in possession of the EpiPen when checking-in for the event. The EpiPen must be kept on the participant at all times and whenever possible a second EpiPen will be kept with the employee/volunteer leader. (The extra EpiPen will be returned after the event). If a participant is exhibiting the symptoms of anaphylactic shock and is clearly unable to administer the EpiPen on his or her own, a trained and designated volunteer will administer the EpiPen and contact EMS.

**Disclaimer**

The Catholic Archdiocese of Edmonton (office, parish, camp), its staff and volunteers, are not responsible for any death, injury, loss or damage of any kind suffered by any person who is administered an EpiPen.

**Description of Risks**

Anaphylaxis is a severe allergic response to specific triggers such as food, medication, insect venom, or latex. The most common signs of this life-threatening allergic reaction are swelling of the throat, swelling of the tongue, constricted breathing, and/or sudden outbreak of hives.

Anaphylaxis can be fatal within minutes; either through swelling that blocks airways, or through a dramatic drop in blood pressure. An EpiPen is a fast-acting epinephrine injector that could save the life of someone who is experiencing an anaphylactic reaction.

**Release of Liability and Indemnification**

I \_\_\_\_\_ AGREE TO BE SOLELY RESPONSIBLE

Name of Parent/Guardian

for any death, injury, loss, or damage that my child,

\_\_\_\_\_ Name of Participant

may sustain from the administration of any EpiPen. On behalf of myself, my child/youth, and our respective heirs, executors, administrators, and assigns, do hereby release the archdiocesan office, parish, camp, organization and its staff and volunteers participating at the activity/event/excursion (collectively, the “Releasees”), from any claims, demands, or actions arising out of the administration of an EpiPen to my child, notwithstanding that any such loss, injury or damage may have arisen by reason of the negligence of the Releasees.

**In order to participate in the activity/event/excursion, this Release Form must be signed by the parent/guardian.**

**Acknowledgement**

I \_\_\_\_\_ ACKNOWLEDGE THAT I HAVE READ

Name of Parent/Guardian

the above Disclaimer, Description of Risks and Release of Liability and Indemnification. I also acknowledge that I understand, appreciate, and accept the risks associated with the administration of an EpiPen to my child, and that I have executed this permission voluntarily on behalf of

\_\_\_\_\_ Name of Participant

my child.

**Consent**

I \_\_\_\_\_ GRANT PERMISSION TO ADMINISTER AN EPIPEN

Name of Parent/Guardian

if my child \_\_\_\_\_

\_\_\_\_\_ Name of Participant

has an anaphylactic reaction.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ at \_\_\_\_\_ Alberta.

