

Heritage Green Child Care Inc  
**Anaphylaxis Emergency Plan:**

**Consents:**

**Administration of medication:**

I acknowledge that the staff of Heritage Green Child Care Inc. are not trained medical personnel, however I authorize the administration of an epinephrine auto-injector, as prescribed by the attending physician, in the event that my child is experiencing an anaphylactic emergency, I consent to the administration of the epinephrine injector by an employee of Heritage Green Child Care Inc. I also understand that my child may need to be held in order to administer the epinephrine auto-injector and consent to the same.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Training and consent:**

I have trained the individual named in the trainee confirmation (Table 1) on my child's Individualized Plan and Emergency Procedures \_\_\_\_\_ (date) and I hereby give consent to the individual named in the Trainee confirmation (Table 1) below to train any other staff ordinarily present at the premises, staff, students and volunteers who may be interacting with my child's Individualized Plan and Emergency Procedures.

Parent/Guardian Full Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**School Age Children ONLY:**

1. I understand it is the responsibility of my child to carry an Epi-pen on his/her person.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

2. I consent to my child self-administering the epinephrine auto-injector prescribed by the attending physician, if physically able.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Signature: \_\_\_\_\_

**Posting of Photographs and Individual Anaphylaxis Emergency Plans**

I consent to the posting of photographs of my child and of medical information related to my child (Anaphylaxis Emergency Plan) in locations deemed appropriate by HGCC staff.

Parent/Guardian Name: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

