



ANAPHYLACTIC REACTIONS CONSENT FORM

For the administration of medicine/treatment as discussed with the child’s parent or guardian.

Childs Name.....**Date of Birth**

Has the child’s details changed since the original Camp Wilderness booking? **Yes** **No**
(E.g. new address, new doctor new contact details)

New Details ;

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.....

Information about the child’s allergy and reactions.

The child has been identified as having a severe reaction to ;

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.....

Signs and symptoms of the above child’s reactions are;

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.....
.....

About the Medication that may be required or administered.

Name/Type of Medication

Dose/Amount

Frequency /Times

Specific Instructions ;
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.....

In the case of a reaction, Camp Wilderness staff will follow the instructions as provided by the parent/guardian in treating the child.

In the case of a severe reaction Camp Wilderness staff will adhere to the to the accident procedure found in the Policies and Procedures Document

I the Parent/ Guardian have provided the Camp Wilderness staff with all of the necessary information required by them to deal with my child’s condition, the symptoms and the actions required in the event of my child suffering an allergic reaction. It is my responsibility to provide and maintain the appropriate and up to date medication/treatment for my child.

I confirm that the above information is correct and give permission for Camp Wilderness staff to administer the medication in the manner stated above.

Signed Parent/ Guardian.....

Print Name.....**Date**

To be completed by Camp Wilderness Staff if treatment is administered.

Treatment Administered by ; Signed.....

Time Date..... Head Office Notified Yes No

Signed Parent/ GuardianName.....

