Policy
It is the responsibility of the parent/guardian to inform DiscoverE of the participant’s allergy and EpiPen requirement during the camp registration process. At the start of each camp day the parent/guardian of the participant or the participant him/her self must sign in with his/her EpiPen present. The EpiPen must be kept on the participant at all times. EpiPens signed in with camp staff at the start of the day will be checked for expiration dates.

DiscoverE staff are trained on recognizing the signs and symptoms of anaphylactic shock and on administering EpiPens. If a participant is exhibiting the symptoms of anaphylactic shock and is unable to administer the EpiPen on his/her own, a Discover E staff member will administer the EpiPen and contact EMS.

In order to participate in camp, the parent/guardian of the participant must consent to this policy.

Disclaimer
The Governors of the University of Alberta and their agents, officials, officers, directors, employees, volunteers, contractors, servants, or representatives (hereafter referred to as “the University”) 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 foods, medications, 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 shuts off 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 for any death, injury, loss, or damage that my child, ________________, may sustain from the administration of any EpiPen. I further agree to release, forever disclaim and agree to indemnify and hold harmless the University from and against liability for any and all claims, demands, actions, and costs which might arise out of the administration of an EpiPen to my child, ________________, even though such claims, demands, actions and costs which may have been caused by the negligence of the University.

Acknowledgement
I, ____________________, ACKNOWLEDGE THAT I HAVE READ 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 my child, ____________________.

Consent
I, ____________________, grant permission to “the University” to administer an EpiPen if my child, ____________________, has an anaphylactic reaction.

Signed this _______ day of _____________, 20___ at Edmonton, Alberta.