

2025 Epi-Pen Procedures and Policies

Dear Parent/Guardian,

Thank you for notifying Oak Bay Parks, Recreation & Culture that your child will be bringing an Epinephrine Auto-Injector (Epi-Pen) with them to their Camp/Program. We would like to advise you of the procedures and policies regarding anaphylactic reactions.

Attached you will find:

- Emergency Medical Information
- Anaphylaxis Action Plan
- Summary of Procedures

In order for your child to participate in their chosen program(s), these forms must be filled out completely and returned to Reception Services at least 24 hours before the start of the program.

Parent/Guardian check list:

- Advise Reception staff, at time of registration, that your child will have an Epi-Pen device with them during the program.
- Complete the attached Emergency Medical Information, Summary of Procedures, and Anaphylaxis Action Plan.
- Ensure you have 2 up-to-date photos of your child. One is attached to the form and the other to the Epi-Pen device.
- Ensure your child's Epi-Pen has not expired.
- Discuss with your child ahead of time the importance of wearing their Epi-Pen at all times throughout the program.
- **Please Note:** While swimming, the Epi-Pen will be kept with a lifeguard on the pool deck.

Oak Bay Parks, Recreation & Culture staff are responsible for:

- Ensuring that a completed Emergency Medical Information, Summary of Procedures, and Anaphylaxis Action Plan is located in the program emergency contact binder.
- Reviewing all forms with the parent/guardian.
- Confirming the child's Epi-Pen has not expired.
- Helping to ensure the Epi-Pen is with the child at all times.

If you have any questions regarding the attached forms or Oak Bay Parks, Recreation & Culture's Epi-Pen procedures, please call Reception Services at 250-595-7946

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

The information collected on this form is authorized under Section 26(c) of the Freedom of Information and Protection of Privacy Act, as it relates directly to and is necessary for the safe provision of the District's Children's Licensed care, camps and programs. The information will be stored in a binder/clipboard and securely stored in a District office when not in use. It will be accessible to authorized staff only, including Licensed Care and camps staff, and used for attendance, medical and safety purposes. If you have questions regarding the collection, use and disclosure of personal information, contact the Corporate Services Department at foi@oakbay.ca or 250-598-3311.

Emergency Medical Information

This form must be completed by the child's Parent/Guardian. This form will be kept with emergency contact information.

Insert Recent Photo of the Child

Personal Information and Emergency Contacts:

Child's Name: _____ Personal Health Number: _____

Date of Birth (dd/mm/yy): _____

Main Contact: _____ Relationship: _____ Phone: _____

Alternative Contact: _____ Relationship: _____ Phone: _____

Other Phone # (specify): _____

Physician: _____ Phone: _____

Specialist: _____ Phone: _____

Medical Information:

Medic Alert: _____ Skin Condition: _____

Allergies: _____ Other: _____

Other pertinent information (medical history, medications and/or dietary restrictions that may be important to pass on to paramedics when they arrive)

Parent/Guardian Signature: _____ Date: _____

Anaphylaxis Action Plan

Child's Name: _____

Date of Birth (dd/mm/yy): _____

Anaphylaxis Triggers:

Peanuts Tree Nuts Dairy Eggs Shellfish Bees

Food Additives: _____

Insect Stings: _____

Medications: _____

Other: _____

Anaphylaxis Symptoms:

Swelling (eyes, lips, face, tongue)

Vomiting

Difficulty breathing or swallowing

Coughing or choking

Cold, clammy, sweaty skin

Stomach cramps, diarrhea

Flushed face or body

Dizziness, confusion

Fainting or loss of consciousness

Change of voice

Other: _____

Preferred Action Taken by Staff:

Emergency Treatment/Medication:

Where is medication stored during program? _____

Antihistamine – Please list specify brand and dosage: _____

Epi-Pen – Expiration Date: _____

Parent/Guardian Signature: _____

Date: _____

Summary of Procedures in the Event of an Anaphylactic Reaction

The following form is to be reviewed and signed by both Oak Bay Parks, Recreation & Culture staff and parent/guardian at the start of the program.

In the event of an anaphylactic reaction, Recreation Oak Bay staff will:

- Follow the Anaphylaxis Action Plan specific to the child.
- If the reaction continues, administer an injection of adrenaline (“Epi-Pen”) in the thigh or upper arm, through the clothing if necessary.
- After staff have assisted with administration of adrenaline (“Epi-Pen”), they will telephone for medical help (911) immediately and have an ambulance come to the program site.
- Staff will call parents/guardians to inform them of the reaction and let them know what hospital the child has been taken to.
- Staff will accompany the child to the hospital.

The Emergency Medical Information, Summary of Procedures, and Anaphylaxis Action Plan was reviewed by the parent/guardian and Oak Bay Parks, Recreation & Culture Staff:

Staff's signature: _____ **Printed Name:** _____

Date: _____ **Time:** _____

Parent/guardian's signature: _____ **Printed Name:** _____

Date: _____ **Time:** _____

Epi-Pen Expiry Date: _____

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