



## Parental Agreement for Use of EpiPen

My child \_\_\_\_\_ attends the:

- |   |   |
|---|---|
| <input type="checkbox"/> Lendrum School Age Program | <input type="checkbox"/> Malmo School Age Program |
| <input type="checkbox"/> Lendrum Day Care Program   | <input type="checkbox"/> Malmo Day Care Program   |

My child has an EpiPen prescribed by a physician and will: (choose one)

- Carry the EpiPen in a pouch worn around the waist throughout the day. My child is aware of the importance of this medication and is developmentally ready for the responsibility of carrying it. I understand that GSADCA staff will let me know immediately if there are any concerns with my child managing the EpiPen.
- Carry the EpiPen in a backpack. My child will give GSADCA staff the backpack upon arrival to the center to be stored up out of reach of other children. My child's backpack will be taken home on a daily basis.
- Give the EpiPen to GSADCA staff to be stored in the centre's emergency backpack, which is stored up out of reach of other children.

I understand that:

- My child cannot attend the GSADCA without an EpiPen as it is a safety issue.
- I must complete a medical form for the administration of the EpiPen by GSADCA staff in an emergency and this form will be kept on file.
- The EpiPen has an expiry date and I agree to replace this medication before it expires.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(GSADCA Staff)

\_\_\_\_\_  
(Date)