

## CHUMS ANAPHYLACTIC REACTIONS CONSENT FORM

If your child suffers from anaphylaxis or any other severe allergic reaction, please complete the form below and either send to [sportsdevelopment@essex.ac.uk](mailto:sportsdevelopment@essex.ac.uk) before your first day, or alternatively hand into camp on their first morning. You should provide details on any medication they may need, signs and symptoms, and action to be taken in the event of an allergic reaction

Child's Name *(please complete one form per child)*:

Please check this section's details with the Camp Coordinator, only fill in if different

Address	
Home Telephone	
1 <sup>st</sup> Emergency Contact	
2 <sup>nd</sup> Emergency Contact	
GP's Name and Telephone	

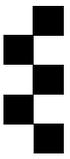
### Information about the above child's reaction

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

Signs and symptoms of the above child's reactions are:

### Information about the medicine

Name of Medicine	
Dose	
Frequency/times	
Specific Instructions	



**For the administration of medicine/treatment**

In the case of a reaction, CHUMS will follow the instructions as provided by the parent/guardian of the child. In the case of a severe reaction, CHUMS staff will adhere to the accident procedure found in the CHUMS Staff Handbook.

I (the parent or guardian) have provided all the necessary information required by CHUMS detailing my child's condition, the symptoms and any action to be taken in the event of an allergic reaction. It is my responsibility to provide and maintain the appropriate and up-to-date medication for my child's condition.

I agree to members of the CHUMS staff administering the named medicines/treatment to the child named on the previous page in the manner stated. This will only be carried out in an emergency, as staff consider necessary.

I confirm that a medical professional has prescribed the medicine/ treatment stated.

Parents/Guardian's Name:

Signed:

Date:

**To be completed by CHUMS Staff if treatment is administered**

<b>Administered By</b>	
<b>Date</b>	
<b>Time</b>	
<b>Signed</b>	

**To be completed by the Parent/Guardian if treatment is administered**

Parents/Guardian's Name:

Signed:

Date: