

ALLERGY FORM – PART 1  
Allergy Concerns

Child's Name:	Child's DOB:
Father's Name:	Father's Cell:
Mother's Name:	Mother's Cell:
Legal Guardian's Name:	Legal Guardian's Cell:
Doctor's Name:	Doctor's Cell:

My child is allergic to (please be specific; peanuts, tree nuts, shellfish, bee stings etc):

Type of reaction (example: hives, shortness of breath, etc):

- ☐ My child's allergic reaction does not require them to have a prescribed EpiPen.
- ☐ My child will have an EpiPen for use at Canyon Kids. I will complete the EpiPen Administration Permission Form and will include it with my child's EpiPen.
- ☐ My child has an EpiPen but I am declining the opportunity to provide one while my child attends Canyon Kids.

Agreement (please initial both)

\_\_\_\_\_ I agree to release, indemnify, and hold harmless Canyon Hills and any of its staff, volunteers, or agents from lawsuit, claim, expense, demand, or action against them.

\_\_\_\_\_ I have read and understood Canyon Hills Allergy Policy and EpiPen Administration Policy and Procedures.

Parent/Legal Guardian:

_____	_____	_____
Printed Name	Signature	Date

For Office Use Only

_____	_____	_____	_____
Received By	Date	Entered into CCB By	Date

# ALLERGY FORM – PART 2

## Allergy Concerns

***To be completed by parent or legal guardian and kept on file by Canyon Kids***

Child's Name (as it appears on EpiPen): \_\_\_\_\_

Child's Age/Grade: \_\_\_\_\_/\_\_\_\_\_ Parent/Legal Guardian Emergency Phone: \_\_\_\_\_

My child is allergic to: \_\_\_\_\_

I hereby authorize the staff, volunteers, and agents at Canyon Kids at Canyon Hills, to administer an EpiPen to my child if he or she has a known exposure and/or a severe allergic reaction. I agree to release, indemnify, and hold harmless Canyon Hills and any of its staff, volunteers, or agents from lawsuits, claim, expense, demand, or action against them for administering the EpiPen provided they administer the EpiPen prescribed specifically for my child. I am aware that a staff member, volunteer, or agent who is not a healthcare professional will probably administer the injection. I have read the Canyon Kids Allergy Policy and EpiPen Administration Policy and Procedures and agree to provide EpiPens as required. I understand that 911 will always be called when an EpiPen is administered to my child.

The following EpiPen has been prescribed. Please check as appropriate:

- ☐ EpiPen (the premeasured dose is 0.3 mg of Epinephrine)
- ☐ EpiPen Jr. (the premeasured dose is 0.15mg of Epinephrine)
- ☐ My child has received adequate training on how to and when to use and EpiPen and can use it properly in case of emergency. He or she will always carry an EpiPen.

**Parent/Legal Guardian:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only**

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Entered into CCB By

\_\_\_\_\_  
Date

# ALLERGY FORM – PART 3

## Allergy Concerns

***This form to be placed in a Ziplock bag with EpiPen and handed to the Kids Room Leader***

Child's Name (as it appears on EpiPen): \_\_\_\_\_

Child's Age/Grade: \_\_\_\_\_/\_\_\_\_\_ Parent/Legal Guardian Emergency Phone: \_\_\_\_\_

My child is allergic to: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize the staff, volunteers, and agents at Canyon Kids at Canyon Hills, to administer an EpiPen to my child if he or she has a known exposure and/or a severe allergic reaction. I agree to release, indemnify, and hold harmless Canyon Hills and any of its staff, volunteers, or agents from lawsuits, claim, expense, demand, or action against them for administering the EpiPen provided they administer the EpiPen prescribed specifically for my child. I am aware that a staff member, volunteer, or agent who is not a healthcare professional will probably administer the injection. I have read the Canyon Kids Allergy Policy and EpiPen Administration Policy and Procedures and agree to provide EpiPens as required. I understand that 911 will always be called when an EpiPen is administered to my child.

The following EpiPen has been prescribed. Please check as appropriate:

- ☐ EpiPen (the premeasured dose is 0.3 mg of Epinephrine)
- ☐ EpiPen Jr. (the premeasured dose is 0.15mg of Epinephrine)
- ☐ My child has received adequate training on how to and when to use and EpiPen and can use it properly in case of emergency. He or she will always carry an EpiPen.

**Parent/Legal Guardian:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date