

OAKVILLE SOCCER CLUB

CAMPER AUTO-INJECTOR ADMINISTRATION FORM



Camper Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Emerg. Contact Name: _____ Phone: _____

Family Doctor Name: _____ Phone: _____

The above-named child has a potentially life-threatening allergy (anaphylaxis) to:

☐ Peanuts ☐ Tree Nuts ☐ Wheat ☐ Eggs ☐ Insect Stings (bees/wasps) ☐ Latex

☐ Other _____

The above-named child has been prescribed the following prescription by a medical doctor that should be used in the event on an allergic (anaphylactic) reaction:

☐ Epi-Pen ☐ Allerject ☐ Other _____

In the event of an allergic reaction, the above-named child is:

☐ Is able to administer the auto-injector on their own

☐ Requires assistance with the administration of the auto-injector ☐ Cannot administer the auto-injector on their own
Special Instructions: _____

Please initial the following:

	If the above-named child cannot administer the auto injector themselves, I authorize OSC staff to administer the auto injector on their behalf.
	I will ensure the above-named child has their auto-injector with them at camp each day, and ensure that the auto-injector is in working condition and is not expired.
	If the above listed parents/guardians and emergency contact are unable to be reached in the event of a medical emergency, I hereby authorize the Oakville Soccer Club to release the above-named child into the care of Emergency Medical Services if necessary.
	I hereby agree to release the Oakville Soccer Club Inc., and its directors, employees and volunteers from any and all liability, claims, actions, rights of actions, damages and expenses, including attorney expenses arising out of or resulting from any injury, disease, death or failure to administer the autoinjector.

Parent/Guardian Name _____

(print): _____

Parent/Guardian Signature: _____

Date: _____

Please include an electronic or hard copy photo of the above-named camper with this form.