

## Additional Health Information & Epi-Pen Form

**Participant Name:** \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Plan or Group # \_\_\_\_\_

Participant's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Conditions/Behavioral Issues

Does the Participant suffer from Asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, is the Participant's asthma exercise induced? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the Participant carry a rescue inhaler? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the Participant been diagnosed with Hypertension? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the Participant been diagnosed with Diabetes? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the Participant been diagnosed with Epilepsy/Seizures? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the Participant been diagnosed with Heart Disease? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the Participant wear prescription eye glasses or contacts? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the Participant have any behavioral issues? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the behavioral issue, triggers, and suggestions for assisting Participant: \_\_\_\_\_

Has the Participant been diagnosed with any other medical conditions not listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the medical conditions: \_\_\_\_\_

Please list any medication the Participant is currently taking and why: \_\_\_\_\_

*(Attach Additional Sheet if Necessary)*

### Allergies

Does the Participant have any life threatening allergies? (food, medication, plants, animals, insects, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

Participant's anaphylaxis triggers are:

\_\_\_\_\_ Peanuts    \_\_\_\_\_ Nuts    \_\_\_\_\_ All Dairy    \_\_\_\_\_ Eggs    \_\_\_\_\_ Shellfish    \_\_\_\_\_ Fish

\_\_\_\_\_ Food Additives, list: \_\_\_\_\_

\_\_\_\_\_ Insects/Bites, list: \_\_\_\_\_

\_\_\_\_\_ Medications, list: \_\_\_\_\_

\_\_\_\_\_ Other, list: \_\_\_\_\_

Participant's anaphylaxis symptoms usually are:

\_\_\_\_\_ Swelling (eyes, lips, face, tongue)    \_\_\_\_\_ Coughing/Choking    \_\_\_\_\_ Difficulty Breathing/Swallowing    \_\_\_\_\_ Vomiting

\_\_\_\_\_ Stomach Cramps/Diarrhea    \_\_\_\_\_ Flushed Face/Body    \_\_\_\_\_ Dizziness/Confusion    \_\_\_\_\_ Change of Voice

\_\_\_\_\_ Fainting/Loss of Consciousness    \_\_\_\_\_ Cold, Clammy, Sweaty Skin    \_\_\_\_\_ Other, list \_\_\_\_\_

Participant's emergency treatment is:

\_\_\_\_\_ Anti-Histamine (list precise measuring instrument, specific brand, and dosage): \_\_\_\_\_

\_\_\_\_\_ Epi-Pen    Other, list: \_\_\_\_\_

**EPI-PEN REQUIREMENTS:**

(initial after each of the below listed requirements)

- Participant must provide the program with two, non-expired Epi-Pens (initials) \_\_\_\_\_
- Epi-Pens must be in original container with appropriate label intact (initials) \_\_\_\_\_
- Participant must be trained to administer an Epi-Pen without assistance (initials) \_\_\_\_\_

Epi-Pens Expiration Dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of times the Participant has used an Epi-Pen: \_\_\_\_\_ Date of last use: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**In the Event of an Anaphylactic Reaction:**

1. Staff/Program Instructors may provide assistance to the Participant as he/she injects him/herself. Note: Staff/Program Instructors are not trained medical professionals, but have completed the Standard First Aid Training and will assist to the best of their ability.
2. Staff/Program Instructors will call 9-1-1 immediately to have an ambulance come to the program/event site.
3. Staff/Program Instructors will call parent/legal guardian/emergency contact to inform them of the incident and to inform them the Participant is being transported by emergency personnel to the hospital.

**Epi-Pen Waiver**

**(Only if Participant requires an Epi-Pen on-site)**

I release Lake Havasu City, and its officers, directors, employees, independent contractors, and volunteers from any and all liability arising out of or in connection with the decision to administer or not administer or to assist with the administration of epinephrine.

I agree to indemnify and hold harmless Lake Havasu City, and its officers, directors, employees, independent contractors, and volunteers of and against any and all liability, damage, claim, demand, cost, and expense (including without limitation of attorney’s fees) arising out of or in connection with the use or non-use of an Epi-Pen for Participant and any action, claim, or other legal proceeding brought against Lake Havasu City by a parent/legal guardian/spouse/family member who has not signed in agreement.

Participant/Parent/Legal Guardian Signature: \_\_\_\_\_

If Parent or Legal Guardian Printed Name: \_\_\_\_\_