## Additional Health Information & Epi-Pen Form

Health Insurance Provider:	_ Plan or Group #		
Participant's Physician:	_ Phone:		
Medical Conditions/B	ehavioral Issue	25	
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	
f yes, describe the behavioral issue, triggers, and suggestions fo	r assisting Participa	nt:	
Please list any medication the Participant is currently taking and	why:	ttach Additional Sheet if Ne	ecessary)
If yes, describe the medical conditions: Please list any medication the Participant is currently taking and <b>Allergie</b>	why:	ttach Additional Sheet if Ne	
Please list any medication the Participant is currently taking and Allergie Does the Participant have any life threatening allergies? (food, med	why:	ttach Additional Sheet if Ne	
Please list any medication the Participant is currently taking and Allergie Does the Participant have any life threatening allergies? (food, med Participant's anaphylaxis triggers are:	why: (A 25 lication, plants, animals, i	ttach Additional Sheet if Ne	No
Please list any medication the Participant is currently taking and <b>Allergie</b> Does the Participant have any life threatening allergies? (food, med Participant's anaphylaxis triggers are: Peanuts Nuts All Dairy	why:(A 2 <b>S</b> lication, plants, animals, i Eggs	ttach Additional Sheet if Ne	
Please list any medication the Participant is currently taking and          Allergie         Does the Participant have any life threatening allergies? (food, med         Participant's anaphylaxis triggers are:         Peanuts       Nuts       All Dairy          Food Additives, list:	why:	<i>ttach Additional Sheet if Ne</i> insects, etc.) <b>Yes</b> Shellfish	No
Please list any medication the Participant is currently taking and          Allergie         Does the Participant have any life threatening allergies? (food, med         Participant's anaphylaxis triggers are:         Peanuts       Nuts         Food Additives, list:       Insects/Bites, list:	why:(A	<i>ttach Additional Sheet if Ne</i> insects, etc.) Yes Shellfish	No Fish
Please list any medication the Participant is currently taking and          Allergie         Does the Participant have any life threatening allergies? (food, med         Participant's anaphylaxis triggers are:         Peanuts       Nuts         Food Additives, list:         Insects/Bites, list:         Medications, list:	why:(A	insects, etc.) Yes	No Fish
Please list any medication the Participant is currently taking and          Allergie         Does the Participant have any life threatening allergies? (food, med         Participant's anaphylaxis triggers are:         Peanuts       Nuts         Food Additives, list:         Medications, list:         Other, list:	why:(A	insects, etc.) Yes	No Fish
Please list any medication the Participant is currently taking and  Allergie  Does the Participant have any life threatening allergies? (food, med Participant's anaphylaxis triggers are:  Peanuts Nuts All Dairy Food Additives, list: Insects/Bites, list: Medications, list: Other, list: Participant's anaphylaxis symptoms usually are:	why:(A	insects, etc.) Yes Shellfish	No Fish
Please list any medication the Participant is currently taking and          Allergie         Does the Participant have any life threatening allergies? (food, med         Participant's anaphylaxis triggers are:         Peanuts       Nuts         Peanuts       Nuts         Food Additives, list:       All Dairy         Insects/Bites, list:       Medications, list:         Other, list:       Other, list:         Swelling (eyes, lips, face, tongue)       Coughing/Choking	why:	ttach Additional Sheet if Ne	No Fish
Please list any medication the Participant is currently taking and          Allergie         Does the Participant have any life threatening allergies? (food, med         Participant's anaphylaxis triggers are:         Peanuts       Nuts         Peanuts       Nuts         Food Additives, list:       All Dairy         Insects/Bites, list:       Medications, list:         Other, list:       Other, list:         Swelling (eyes, lips, face, tongue)       Coughing/Choking         Stomach Cramps/Diarrhea       Flushed Face/Body	why:	ttach Additional Sheet if Ne	No Fish Vomiting e of Voice
Please list any medication the Participant is currently taking and  Allergie  Does the Participant have any life threatening allergies? (food, med Participant's anaphylaxis triggers are:  Peanuts Nuts All Dairy Food Additives, list: Food Additives, list: Medications, list: Other, list: Participant's anaphylaxis symptoms usually are:  Swelling (eyes, lips, face, tongue) Coughing/Choking Stomach Cramps/Diarrhea Flushed Face/Body Fainting/Loss of Consciousness Cold, Clammy, Swelling	why:	ttach Additional Sheet if Ne	No Fish Vomiting e of Voice
Please list any medication the Participant is currently taking and          Allergie         Does the Participant have any life threatening allergies? (food, med         Participant's anaphylaxis triggers are:         Peanuts       Nuts         Peanuts       Nuts         Food Additives, list:       All Dairy         Insects/Bites, list:       Medications, list:         Other, list:       Other, list:         Swelling (eyes, lips, face, tongue)       Coughing/Choking         Stomach Cramps/Diarrhea       Flushed Face/Body	why:	ttach Additional Sheet if Ne	No Fish Vomiting e of Voice

## **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:

- 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: \_\_\_\_\_

I Parent of Legal Guardian Philleu Name.	If Parent or Legal Guardian Printed Name:	
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