

Participant Allergy Form



Participant information (Please print clearly)

Year:

Parent/guardian name:

Participant name:

Birth date (mm/dd/yy):

Gender: Male Female

Street address:

Apt/unit:

Town/city:

Postal code:

Parent Email:

Home phone:

Parent/guardian #1 business phone:

Parent/guardian #1 cell phone:

Parent/guardian #2 business phone:

Parent/guardian #2 cell phone:

Emergency contact name:

Emergency contact relationship:

Emergency contact phone:

Please specify your child's type of allergy (food, medication, seasonal):

Is this an anaphylactic allergy? Yes No

What signs and symptoms does your child display during a reaction?

Are there any special instructions regarding your child's allergy?

Does your child have an Epi Pen? Yes No

See next page for more information.

Community Services Department, **Mailing Address:** 150 Mary Street, Milton, ON, L9T 6Z5

For more information: **Phone:** 905-875-5393 x2613, **Email:** recreation@milton.ca

Information provided by the applicant and contained within the allergy form and any applicable attachments, is collected under the authority of the Municipal Act, 2001, Section 11, and will be used to assess participant allergy for the Town of Milton, Community Services Department. If you have questions about this collection, please contact the Supervisor, Recreation, 150 Mary Street, Milton, ON L9T 6Z5, 905-875-5393 x2613.

Last Updated: August 19, 2017

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Follow-up requirements and notes:

- Complete the Medication Consent Form, if required, prior to the start of the program.
- Complete the Anaphylaxis Emergency Plan, if required, prior to the start of the program.
- Children 5+ are responsible for carrying their own Epi Pens.
- Children must carry their Epi Pen and Benadryl in a fanny pack that is on them at all times.

Completed by (please print):

Signature:

Date (mm/dd/yy):