



SEVERE ALLERGY MEDICATION STAFF TRAINING FORM

EMERGENCY ALLERGY TREATMENT TRAINING ACKNOWLEDGMENT TO BE COMPLETED BY CITY CAMP STAFF AT TIME OF TRAINING

I, _____ & _____,
(Staff Name) Staff Name)

have been trained by _____ on the administration of
Parent(s)/Guardian(s)/Designee(s)

emergency medication related to a severe allergic reaction to _____,
(Camper's Name)

In the event the child has been exposed and is at risk of an anaphylactic reaction or if they exhibit the symptoms described in the "Emergency Care Authorization Form" I have been trained by parent/guardian named on this form and will assist in administering emergency medication to the best of my ability.

1. Signature: _____ Date: _____
(Staff Signature)

2. Signature: _____ Date: _____
(Staff Signature)

I have met with and offered training to the above authorized camp staff to assist with administration of emergency medication/treatment to my child (camper) named above in the event of a reaction.

Signature: _____ Date of Training _____
Parent/Guardian