

**ANAPHYLAXIS CONSENT FORM
for the Canadian Cadet Organizations**

Cadet's Name: _____

Cadet's Date of Birth (year/month/day): _____

1. Administration of Medication

In the event that _____ experiences an anaphylactic medical emergency
(Name of cadet)
and is unable to self-administer his/her epinephrine, I consent to the administration of an epinephrine auto-injector, as per the attached *Anaphylaxis Emergency Plan*, by members of the Canadian Armed Forces (CAF) or persons engaged to support Canadian Cadet Organizations (CCO) authorized activities.

Name of Parent / Guardian _____
Signature of Parent / Guardian _____ Date: _____
Signature of Cadet _____ Date: _____
(if legal age of consent has been reached)

2. Maintenance of epinephrine auto-injector

I understand it is the responsibility of _____ to bring at least 2
(Name of cadet)
epinephrine auto-injectors to all authorized activities and must know when and how to use them. One epinephrine auto-injector is to be carried on his/her person at all times. The second will serve as a back-up, and is to **be kept by the cadet's supervisor** during the authorized activity. At the end of the activity the epinephrine auto-injector will be returned to the cadet.

Name of Parent / Guardian _____
Signature of Parent / Guardian _____ Date: _____
Signature of Cadet _____ Date: _____
(if legal age of consent has been reached)

3. Collection, Use and Disclosure Personal Information

The personal information in this consent form and the related Anaphylaxis Emergency Plan is collected in accordance with the *Privacy Act (PA)*, under the authority of the *National Defence Act* and the ***Queen's Regulations and Orders for the Cadet Organizations***. The information you provide will be used by members of the CAF or persons engaged to support CCO authorized activities, only for the purpose of using and administering an epinephrine auto-injector if required by the cadet named herein during any CCO authorized activity. The information you provide is protected under the PA and is described in the Personal Information Bank DND PPU 839. Be assured that your personal information will not be used for any unauthorized purposes. To obtain more information, please consult Info Source at www.infosource.gc.ca.

I hereby consent to the disclosure and use of the personal information contained herein and the *Anaphylaxis Emergency Plan* by members of the CAF or persons engaged to support CCO authorized activities who may need the information in the performance of their duties to ensure the cadet's safety.

Name of Parent / Guardian _____
Signature of Parent / Guardian _____ Date: _____
Signature of Cadet _____ Date: _____
(if legal age of consent has been reached)