



Child Action Plan & Authorisation for EpiPen

Section A

Childs Name	
Parent/ Guardian Name	
Parent/ Guardian Signature	
Emergency Contact Number 1	
Emergency Contact Number 2	

Section B

Medication Administration Options (Tick Option 1 or 2)	Tick
1. Kinetic Sports Group needs to administer, or help this child administer this EpiPen.	
2. This child has received instruction in self - administration and is able to safely store this EpiPen.	

Section C: Action Plan

1. This Child is severely allergic to: _____

2. This Child is allergic by the following ways of exposure (tick all that apply):

Direct contact (Touching)

Ingestion (If eaten)

If bitten or stung

In the air

Indirect contact (Being near)

Other/ Please Explain: _____

3. Signs of a severe allergic reaction can include any of the following (tick all that apply):

Swelling of lips, face, eyes, tongue

Difficulty talking and or hoarse voice

Hives or welts

Wheeze or persistent cough

Difficulty or noisy breathing

Loss of consciousness & collapse

Swelling or tightness of the throat

Pale and floppy

4. Has an EpiPen ever been administered to this child?

Yes NO

If 'YES', explain: _____

What Symptoms were present? _____

5. Action:

I, _____ give consent to Kinetic Sports Group to use the EpiPen
provided by myself _____ if required.

1. Retrieve EpiPen which is located here: **Venue Leads Box**

2. Give One Time (Check one):

3. Notify Parents / Emergency Services

Parent / Guardian

Name _____

Date: _____

Signature: _____

Kinetic Sports Group (Venue Lead)

Name: _____

Venue: _____

Date: _____

Signature: _____