# TRAINING AND CONSENT

## Individualized Plan and Emergency Procedures for a Child with an Anaphylactic Allergy

I, (parent/guardian) hereby confirm that:

1. I have trained the person(s) named in the Trainee Confirmation below (Table 1) on my child’s Individualized Plan and Emergency Procedures on (date), and
2. I give consent to the person(s) named in the Trainee Confirmation (Table 1) below to train any other staff, students and volunteers (Table 2) who may be interacting with my child to perform the procedures detailed in my child’s Individualized Plan and Emergency Procedures.

Parent/Guardian Full Name: ……………………………………………………………

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (yyyy/mm/dd):

### Table 1: Trainee Confirmation

| **Name of Trainee** | **Position** | **Signature of Trainee:** | **Date Training Received (dd/mm/yyyy):** | **Date Signed (dd/mm/yyyy):** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

### Table 2: Training Log for Staff, Students, and Volunteers

| **Name of Individual** | **Position** | **Signature of Individual:** | **Date Training Received (dd/mm/yyyy):** | **Date Signed (dd/mm/yyyy):** |
| --- | --- | --- | --- | --- |
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Comments (e.g. names of individuals who have not yet been trained, reason(s) and next steps): use back of sheet.