



Together We Grow - Anaphylactic Parent Agreement

(For the Child's File)

Student's Name:

Date of Birth:

Parent Agreement:

I,, acknowledge and understand my participation and responsibilities in the Anaphylactic Parent Agreement and the Anaphylactic Action Plan.

I agree to execute reliably all information.

I hereby request and give my consent for the staff, students, or volunteers of Together We Grow Learning & Childcare Centre to execute the information provided and outlined in the Plan.

In the event of an emergency, I authorize Together We Grow Learning & Childcare Centre to administer the designated medication(s) and obtain suitable medical assistance.

I agree to assume responsibility for all costs associated with medical treatment, and release Together We Grow Learning & Childcare Centre, LLC., its employees, students and volunteers, from any liability for loss, damage or injury, howsoever caused, to my child's person or property arising out of the administration of the procedure as provided herein.

I agree that this information will be shared as necessary, with all parties in contact with my child at Together We Grow Learning & Childcare Centre, LLC.

.....
Parent or Guardian's Signature

.....
Supervisor's Signature

Date

Date