PARENT CONSENT FORM FOR ANAPHYLAXIS

I	authorize the Vancouver School Board to display
(name of parent(s)/guardian(s)	
a picture of	and identify that this is a person
(name of stud	ent)
with (nature of condition/risk fa	. I understand that this display will
be in	and may be in places within the school, such as
	om, and office. It is understood that the reason for this
display is to enable Vancouver School	ol Board personnel and its agents to be better able to
respond to potential emergencies. Th	is authorization is valid from the date signed until revoked.
(Date signed)	(Signature of Parent(s)/Guardian(s)
(Date Signed)	(Signature of Witness)
this Emergency Action Plan and agree commitments listed within them. I also the cancellation or non-implementation. I also give my consent for the staff of limiting the generality of the foregoing the school's commitments as outlined the Vancouver School Board staff, into administer the designated medicat assume all costs associated with medical	the Vancouver School Board and its agents and without gethe staff of School to execute within this plan. In the event of an emergency, I authorized cluding the staff of School ion and obtain suitable medical assistance. I agree to dical treatment and absolve the Vancouver School Board
medication.	r any adverse reactions resulting from administration of the
(Date signed)	(Signature of Parent(s)/Guardian(s)
(Date Signed)	(Signature of Witness)

Reference: Sections 7, 17, 20, 22, 65, 84, 85, 95 School Act School Regulation 265/89
Anaphylaxis Protection Order M232/07
Anaphylaxis: A Handbook for School Boards, Canadian School Boards Association British Columbia Anaphylactic and Child Safety Framework

Adopted: February 15, 2008

Revised: May 5, 2008; September 24, 2018