# **Appendix B:** TRAINING AND CONSENT

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

I Click here to enter text. (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 Click here to enter text. (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: Click here to enter text.

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

Date (yyyy/mm/dd): Click here to enter text.

### Table 1: Trainee Confirmation

| **Name of Trainee** | **Position** | **Signature of Trainee:** | **Date Training Received (dd/mm/yyyy):** | **Date Signed (dd/mm/yyyy):** |
| --- | --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. |  | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |  | Click here to enter text. | Click here to enter text.  <add rows as needed> |

### 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):** |
| --- | --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. |  | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |  | Click here to enter text. | Click here to enter text.<add rows as needed> |

Comments (e.g. names of individuals who have not yet been trained, reason(s) and next steps):

Click here to enter text.