



Appendix B: TRAINING AND CONSENT

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

I _____ (parent/guardian) hereby confirm that:

- (a) 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
- (b) 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):
Angela Pandolfini	teacher			
Robin Manley	teacher			
Diane Pelow	assistant teacher			
Jean Downs	teacher			
Dianne Legesse	teacher / supervisor			
Diane Pelow	assistant teacher			
Stephanie Li				

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

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