

EMERGENCY ALLERGY ALERT PHOTO I.D.

*Please make sure to attach a PHOTO OF THE CHILD – return to parent/guardian at end of session/summer.

CAMPER & CAMP INFORMATION

CAMP LOCATION	SESSION
Camper Name	Home Phone #

EPIPEN EXPIRY DATE (Parents are required to replace prior to expiry date)

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ALLERGY DESCRIPTION

This child has a dangerous life-threatening allergy to the following substances:

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AVOIDANCE IS THE KEY!

Please list any detailed information about your child to help prevent an allergic reaction:

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SYMPTOMS SPECIFIC TO YOUR CHILD (0 – 15 minutes after consumption or contact)

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ANY OTHER MEDICATION TO BE GIVEN WITH SPECIFIC INSTRUCTIONS:

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EPIPEN LOCATION (Including a second EpiPen if provided)

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WHAT TO DO:

1. Child should tell Camp Counsellor or you will notice one or more of the above symptoms.
2. Lay child down. Inject EpiPen into the child's thigh; hold EpiPen in leg for 15 seconds.
3. If necessary, inject EpiPen through clothing
4. Call 911(refer to Emergency Phone Procedures Operating Guideline) and indicate that a child is having an anaphylactic reaction.
5. Notify immediate Supervisor.
6. Call the parents/guardian.

<u>PARENT/GUARDIAN NAME</u>	<u>DOCTOR'S NAME</u>	<u>EMERGENCY CONTACT NAME</u>
Home phone:	Phone:	Phone: (h) (w) (c)
Bus. Phone:		Relationship to child:

OPTIONAL LOCATIONS TO KEEP FORM: (Indicate all locations kept)

• OFFICE • STAFF • PARTICIPANTS BAG • MEDICATION BINDER • LUNCH AREA • STAFF ROOM • FAMILY

1. Only post form if the parent/guardian has given permission on the Consent for Administration of EpiPen form
2. If parent has authorized the form to be posted and unable to post in a secure/confidential area, consult with parent/guardian regarding removal of name and phone number before posting. Also discuss with the Recreation Co-ordinator.

