

Emergency Allergy Alert Form 2018

Camper's Last Name: _____ First Name: _____

Allergens: _____

Allergy Description

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

Insert a digital
photo of your
camper here

and in addition, all materials containing them in any form in any amount, including the following kinds of items:

Avoidance

The key to preventing an emergency is ABSOLUTE AVOIDANCE of allergen contact at all times.

WITHOUT HIS/HER AUTO-INJECTOR, THIS CHILD MUST NOT BE ALLOWED IN CONTACT WITH ANYTHING THAT MIGHT INDUCE A REACTION.

Avoidance Rules

(List avoidance rules for your child, if any, in this space)

Possible Symptoms

- | | |
|--|---|
| <input type="checkbox"/> Flushed face, hives, swelling or itchy lips, tongue, eyes | <input type="checkbox"/> Vomiting, nausea, diarrhea, stomach pains |
| <input type="checkbox"/> Tightness in throat, mouth, chest | <input type="checkbox"/> Dizziness, unsteadiness, sudden fatigue, rapid heartbeat |
| <input type="checkbox"/> Difficulty breathing or swallowing, wheezing, coughing, choking | <input type="checkbox"/> Loss of consciousness |

Action – Emergency Plan

Does your child carry an auto-injector? Yes No

At any sign of breathing difficulty (for example: wheeze, cough, throat-clearing):

- ⇒ Use auto-injector
- ⇒ Immediately call 911 and ask for an ambulance and advise the dispatcher that a child is having an anaphylactic reaction
- ⇒ If ambulance has not arrived in 10-15 minutes and breathing difficulties are present, give second auto-injector
- ⇒ Even if symptoms subside entirely, this child must be taken to hospital immediately
- ⇒ Call parents **after** the auto-injector is administered and the ambulance has been called

If there is no sign of breathing difficulty:

- ⇒ Give antihistamine _____ *(brand/dosage)* immediately
- ⇒ Segregate child and watch him/her closely
- ⇒ Be prepared to administer auto-injector at any sign of breathing difficulty as this can occur very quickly *(within sec.)*
- ⇒ If auto-injector is administered, follow the protocol above

Back-up auto-injectors and antihistamines are kept at the Medical Centre.

Please provide any further information to assist us in the event of an allergic reaction:

Parent or Guardian Signature

Parent or Guardian Signature

Date