

# ANAPHYLAXIS ACTION FORM

DATE SUBMITTED: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ Main Contact #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ Main Contact #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

What is your child allergic to? \_\_\_\_\_

Medication: \_\_\_\_\_ CareCard Number: \_\_\_\_\_

<p><b>ANAPHYLAXIS PREVENTION STRATEGIES PARENT RESPONSIBILITIES</b></p> <ul style="list-style-type: none"><li>• Inform staff of allergy, emergency treatment and location of Epi-pen</li><li>• Encourage child wears a medical Alert bracelet or necklace</li><li>• Ensure child with food allergies only eats food/drinks from home</li><li>• Discuss appropriate location of Epi-pen with the child and staff</li><li>• Epi-Pen must be labeled with Child's Name</li></ul> <p><b>STAFF RESPONSIBILITIES</b></p> <ul style="list-style-type: none"><li>• Clearly Label Anaphylaxis Action Form received from the parents/guardians</li><li>• Inform staff of the camp participant's allergies prior to the start of camp</li><li>• Inform all staff (including any substitute staff) of child with anaphylaxis of the emergency treatment plan and location of Epi-pen</li><li>• Avoid allergenic food in art/craft activities</li><li>• Encourage children NOT to share food, drinks or utensils</li><li>• Encourage children to wash/disinfect hands before and after meals/snacks</li><li>• Provide alternative eating environment for campers who have allergens included in their lunch/snacks</li></ul> <p><b>When on playing fields and/or participating in off-site outings:</b></p> <ul style="list-style-type: none"><li>• Take Epi-pen and a copy of all camp participant forms</li><li>• Inform all staff of child with allergy and the emergency treatment plan</li><li>• Inform destination facility of participant(s) with allergies</li><li>• Request supervising adult be with child on bus and/or on transit (avoid eating while travelling)</li></ul>	<p><b>SYMPTOMS:</b> <input checked="" type="checkbox"/> All That Apply (Parents complete):</p> <table border="0"><tr><td><input type="checkbox"/> swelling (eyes, lips, face, tongue)</td><td><input type="checkbox"/> voice changes</td></tr><tr><td><input type="checkbox"/> coughing difficulty breathing or swallowing</td><td><input type="checkbox"/> fainting or loss of consciousness</td></tr><tr><td><input type="checkbox"/> choking</td><td><input type="checkbox"/> vomiting</td></tr><tr><td><input type="checkbox"/> cold, clammy sweating skin</td><td><input type="checkbox"/> dizziness or confusion</td></tr><tr><td><input type="checkbox"/> wheezing</td><td><input type="checkbox"/> diarrhea</td></tr><tr><td><input type="checkbox"/> flushed face or body</td><td><input type="checkbox"/> other _____</td></tr></table> <p><b>EMERGENCY PLAN:</b> Epi-pen at Camp? YES NO (IF NO PLEASE STATE WHY BELOW)</p> <p>If YES – Epi-Pen location: _____ (Recommended child carry Epi-Pen and/or it is placed in the camp emergency first aid pack)</p> <p>If NO – then please state reason: _____</p> <p><b>Standard Emergency Plan:</b></p> <ol style="list-style-type: none"><li>1) Administer epinephrine auto-injector (Eg. Epi-pen or Allerject)</li><li>2) Call 91</li><li>3) Notify Parents</li><li>4) Ambulance transports child to hospital</li></ol>	<input type="checkbox"/> swelling (eyes, lips, face, tongue)	<input type="checkbox"/> voice changes	<input type="checkbox"/> coughing difficulty breathing or swallowing	<input type="checkbox"/> fainting or loss of consciousness	<input type="checkbox"/> choking	<input type="checkbox"/> vomiting	<input type="checkbox"/> cold, clammy sweating skin	<input type="checkbox"/> dizziness or confusion	<input type="checkbox"/> wheezing	<input type="checkbox"/> diarrhea	<input type="checkbox"/> flushed face or body	<input type="checkbox"/> other _____
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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_