

EMERGENCY ALLERGY 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)		
ALLERGY DESCRIPTION		
This child has a dangerous life-threatening allergy to the following substances:		
AVOIDANCE IS THE KEY!		
Please list any detailed information about your child to help prevent an allergic reaction:		
SYMPTOMS SPECIFIC TO YOUR CHILD (0 – 15 minutes after consumption or contact)		
ANY OTHER MEDICATION TO BE GIVEN WITH SPECIFIC INSTRUCTIONS:		
EPIPEN LOCATION (Including a second EpiPen if provided)		
WHAT TO DO:		
<ol style="list-style-type: none"> 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.

2021-06-14

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