



# Anaphylaxis Action Form – Science Venture

Please Print

Date Submitted: \_\_\_\_\_

<b>Child's Name:</b> _____	Date of Birth: ____/____/____
<b>Parent/Guardian:</b> _____	Gender: _____
<b>Primary Contact Phone #:</b> _____	<b>What is your child allergic to?</b> _____
<b>Emergency Contact:</b> _____	_____
<b>Emergency Contact Number:</b> _____	<b>Medication:</b> _____
<b>CareCard Number:</b> _____	_____

Photo (optional)
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<p style="text-align: center;"><b>Anaphylaxis Prevention Strategies</b></p> <p><b>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>• Review and process 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: ✓ All That Apply</b> (Parents complete):</p> <table border="0"> <tr> <td>___ swelling (eyes, lips, face, tongue)</td> <td>___ coughing</td> </tr> <tr> <td>___ difficulty breathing or swallowing</td> <td>___ choking</td> </tr> <tr> <td>___ cold, clammy sweating skin</td> <td>___ wheezing</td> </tr> <tr> <td>___ flushed face or body</td> <td>___ voice changes</td> </tr> <tr> <td>___ fainting or loss of consciousness</td> <td>___ vomiting</td> </tr> <tr> <td>___ dizziness or confusion</td> <td>___ diarrhea</td> </tr> <tr> <td>___ stomach cramps</td> <td>___ 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 911</li> <li>3) Notify Parents</li> <li>4) Ambulance transports child to hospital</li> </ol>	___ swelling (eyes, lips, face, tongue)	___ coughing	___ difficulty breathing or swallowing	___ choking	___ cold, clammy sweating skin	___ wheezing	___ flushed face or body	___ voice changes	___ fainting or loss of consciousness	___ vomiting	___ dizziness or confusion	___ diarrhea	___ stomach cramps	___ other _____
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I, (Parent/Guardian) print: _____ have read and agree with the Anaphylaxis Action Plan. Signature: _____ Date: _____
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