



Food Allergy Action Plan

Place
Child's
Picture
Here

Camper's Name _____ Date of Birth _____ Camp Attending _____

ALLERGY TO: _____

Asthmatic: Yes* No *Higher risk for severe reaction

Symptoms:

◆STEP 1: TREATMENT◆

Give Checked Medication**:

- If a food allergen has been ingested, but no symptoms: EpiPen Antihistamine
- Mouth Itching, tingling, or swelling of lips, tongue, mouth EpiPen Antihistamine
- Skin Hives, itchy rash, swelling of the face or extremities EpiPen Antihistamine
- Gut Nausea, abdominal cramps, vomiting, diarrhea EpiPen Antihistamine
- Throat † Tightening of throat, hoarseness, hacking cough EpiPen Antihistamine
- Lung † Shortness of breath, repetitive coughing, wheezing EpiPen Antihistamine
- Heart † Thready pulse, low blood pressure, fainting, pale, blueness EpiPen Antihistamine
- Other † _____ EpiPen Antihistamine

• If reaction if progressing (several of the above areas affected), give...

The severity of symptoms can quickly change. † Potentially life-threatening.
**Medication to be determined by physician authorizing treatment.

NOTE: In accordance with Maryland State Regulations, the epinephrine auto-injector may be administered by unlicensed staff (Summer at Norwood employee) that are trained by the Health Director. Unlicensed staff are not allowed to wait for the appearance and observe for the development of symptoms for campers with an authorized prescriber's order to administer the epinephrine auto-injector.

Dosage:

Epinephrine: inject intramuscularly (circle one)

Epinephrine (0.15mg) Epinephrine (0.3mg).

Location of EpiPen/EpiPen Jr. (nurse, child, classroom, etc.) _____

Antihistamine: give _____

medication/dose/route

Other: give _____

medication/dose/route

◆STEP 2: EMERGENCY CALLS◆

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ at _____

3. Emergency Contacts:

Name/Relationship

Phone Numbers

- a.) _____ 1.) _____ 2.) _____
- b.) _____ 1.) _____ 2.) _____
- c.) _____ 1.) _____ 2.) _____

Even if parent/guardian cannot be reached, do not hesitate to medicate or take child to a medical facility!

◆STEP 3: AUTHORIZATION◆

Parent/Guardian Consent: I have received, reviewed and understand the above information. I approve of this Allergy Action Plan. I give my permission for the camp nurse and trained camp personnel to follow this plan, administer medication(s), and contact my provider, if necessary. I agree to release, indemnify, and hold harmless Summer at Norwood ("the camp") and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for administering prescribed medication to this camper. I assume full responsibility for providing the camp with the prescribed medications. I am aware that the injection may be administered by a trained, unlicensed staff member. I give my permission for the camp to share the above information with camp staff that need to know about my child's condition. I understand that the rescue squad (911) will always be called when an epinephrine auto-injector is administered, whether or not the student manifests any symptoms of anaphylaxis.

Parent/Guardian Signature: _____ Date: _____

I confirm my child is capable to safely carry and properly administer above medication Yes No

Prescriber's Signature: _____ Date: _____

Printed Name: _____ Phone: _____

I confirm student is capable to safely carry and properly administer above medication Yes No