

Camp of Champions: Anaphylaxis Form

This child has a potential life-threatening allergy (anaphylaxis) to:

EpiPen Expiry Date: _____

Dosage: EpiPen Jr 0.15mg | EpiPen 0.30 mg | Allerject 0.15mg

Other _____

Location of Epi Pen: In red fanny pack worn by a staff member when _____ is in attendance, locked in the medication box when not in attendance. During winter months, when outdoors, EpiPen will be worn by staff member close to the body, (inside jacket).

Emergency Action Plan: (To be filled in by parent)

A person having an anaphylactic reaction might have ANY of these signs & symptoms, (please circle):

- . Skin: hives, swelling, itching, warmth, redness, rash
- . Respiratory (breathing): wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay-fever-like symptoms (runny itchy nose & watery eyes, sneezing, trouble swallowing
- . Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea
- . Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy/light-headed, shock
- . Other: anxiety, headache, feeling of “impending doom”

Early recognition of symptoms & immediate treatment could save a child's life.

Act quickly. The first signs of a reaction can be mild, but symptoms can rapidly worsen. 1) Follow “Emergency Action Plan” above at the first sign of a reaction occurring in conjunction with a known _____ Act quickly. The first signs of a reaction can be mild, but symptoms can rapidly worsen. 1) Follow “Emergency Action

Plan” above at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen.

2) **After an Epi Pen is given Call 911:** Tell them a child is having a life threatening anaphylactic allergic reaction. Request an ambulance immediately. Ask which hospital the ambulance will be going to.

3) Call Emergency contact, inform them you have administered the epi pen

4) Escort child in ambulance, with this plan, and the used Epi pen injector, remain with the child until parent arrives.

Individual Anaphylaxis Emergency Plan

Anaphylaxis Emergency Plan – Page 2

Child’s Name: _____

Emergency Contact Information

Name

Relationship

Home Number

Work Number

Cell Number

Monitoring and Avoidance Strategies

Staff Roles and Responsibilities:

Parent Agreement

- Review the allergy list to identify the children with anaphylactic allergies and their triggers
- Attend training on the administering of an EPI-pen for each child
- Review Anaphylaxis Procedures and Anaphylaxis Individual Emergency Plan prior to providing care for the children, annually or as information changes.
- Staff will ensure that Monitoring Avoidance Strategies is adhered to

- Staff will attend a training on Emergency Readiness
- Staff will ensure the EPI-pen is accessible at all times, placed in a red labeled fanny pack and carried by the staff that is with that child or otherwise indicated on the Anaphylaxis Individual Emergency Plan
- Will understand and be an advocate for the child by fostering awareness of anaphylaxis, its avoidance and treatment

Parents:

I _____ acknowledge my participation in the development of the preceding Anaphylaxis Emergency Plan, in consultation with my child's doctor, _____. I give consent for the staff of _____ Camp of Champions to execute the responsibilities as outlined within the plan.

In the event of an emergency, I authorize the staff to administer the designated medication and obtain medical assistance.

Parent Signature: _____

Date _____

Parent Signature: _____