# Anaphylaxis Action Form – Vikes Summer Camps

**Please Print**

| Child’s Name: | ____________________________ | Date of Birth: | _____/_____/_______ |
| Parent/Guardian: | ____________________________ | Male: | _____ |
| Primary Contact Phone #: | ____________________________ | Female: | _____ |
| Emergency Contact: | ____________________________ | What is your child allergic to? |
| Emergency Contact Number: | ____________________________ | Medication: |
| CareCard Number: | ____________________________ | |

## Anaphylaxis Prevention Strategies

### Parent Responsibilities
- Inform staff of allergy, emergency treatment and location of Epi-pen
- Encourage child wears a medical Alert bracelet or necklace
- Ensure child with food allergies only eats food/drinks from home
- Discuss appropriate location of Epi-pen with the child and staff
- Epi-Pen must be labeled with Child’s Name

### Staff Responsibilities
- Clearly Label Anaphylaxis Action Form received from the parents/guardians
- Inform staff of the camp participant’s allergies prior to the start of camp
- Inform all staff (including any substitute staff) of child with anaphylaxis of the emergency treatment plan and location of Epi-pen
- Avoid allergenic food in art/craft activities
- Encourage children NOT to share food, drinks or utensils
- Encourage children to wash/disinfect hands before and after meals/snacks
- Provide alternative eating environment for campers who have allergens included in their lunch/snacks

### When on playing fields and/or participating in off-site outings:
- Take Epi-pen and a copy of all camp participant forms
- Inform all staff of child with allergy and the emergency treatment plan
- Inform destination facility of participant(s) with allergies
- Request supervising adult be with child on bus and/or on transit (avoid eating while travelling)

## Symptoms: √ All That Apply (Parents complete):
- □ swelling (eyes, lips, face, tongue)
- □ difficulty breathing or swallowing
- □ cold, clammy sweating skin
- □ flushed face or body
- □ fainting or loss of consciousness
- □ dizziness or confusion
- □ stomach cramps
- □ other ______________________

## Emergency Plan:

- Epi-pen at Camp? □ YES □ NO (if NO please state why below)

If YES - Epi-Pen location: ____________________
(Recommended child carry Epi-Pen and/or it is placed in the camp emergency first aid pack)

If NO – then please state reason: ____________________

## Standard Emergency Plan:
1) Administer epinephrine auto-injector (Eg. Epi-pen or Allerject)
2) Call 911
3) Notify Parents
4) Ambulance transports child to hospital

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I, (Parent/Guardian) print: __________________________________________ have read and agree with the Anaphylaxis Action Plan:
Signature: __________________________________________
Date: ________________