Severe Allergy Health Care Plan

SEVERE ALLERGY TO: _____

Child's Name		Birth	Date	Current Weight		
EMERGENCY TREATMENT						
For Mild Syn	<u>nptoms</u>					
	 Several hives 					
	 Itchy skin 	<u>OR</u>	If an ingestion (or st	ting) is suspected		
	Swelling at site of an insect sting					
Treatment:	1. Give	of	by	mouth.		
	dose (amount)	antihis	stamine			
3. Contact the Course Director and parent or emergency contact person to remove from field						
	4. Stay with the participant, keep quiet, monitor symptoms until parent arrives.					
	Watch student for more serious symptoms listed below.					
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Special Instructions (for health care provider to complete):

Severe Symptoms can cause a Life Threatening Reaction			
 Hives spreading over the body 			
 Wheezing, Difficulty swallowing or Breathing 			
 Swelling of face/neck, Tingling or swelling of tongue 			
Vomiting			
 Signs of Shock (extreme paleness/grey color, clammy skin) 			
Loss of Consciousness.			
Treatment: 1. Give EpiPen® or EpiPen Jr.® immediately, place against upper outer thigh, through clothing if necessary.			
2. CALL 911 immediately (EpiPen® only lasts 20-30 minutes)			
911) should always be called if EpiPen® is given			
3. Contact Course Director and parents or emergency contact person.			
If parents unavailable, staff should accompany the child to the hospital.			
Directions for use of EpiPen®:			
1. Pull off grey cap.			
2. Place black tip against upper outer thigh.			
3. Press hard into outer thigh, until it clicks.			
4. Hold in place 10 seconds, then remove.			
5. Discard EpiPen® in impermeable can. Dispose per school policy,			
or give to emergency care responder. <u>Do not</u> return to holder.			
Special Instructions (for health care provider to complete):			

It is understood by the parent(s) and health care provider that this plan may be carried out by Avid4 Adventure personnel.

Prescribing Practitioner Signature_____

Parent/Guardian Signature

Date_____

Date_____

Contract for Participants Carrying Epi-pen's with them While At Avid4 Adventure (Fill out this page ONLY if your camper self-carries & can administer)

PARTICIPANT

- □ I plan to keep my Epi-pen with me at camp rather than with Camp Instructors.
- I agree to use my Epi-pen in a responsible manner, in accordance with my physician's orders.
- □ I will notify my Instructor immediately if my Epi-pen has been used.
- □ I will not allow other person to use my Epi-pen.

Participant's Signature:	Date:
	Duic.

PARENT/GUARDIAN

This contract is in effect for the current calendar year unless revoked by the physician or the participant fails to meet the above safety contingencies.

- □ I agree to see that my child carries his/her medication as prescribed, that the device contains medication, and the date is current.
- □ It has been recommended to me that a back-up Epi-pen be provided to Avid4 Adventure for emergencies.
- □ I will review the status of the participant's allergy with the participant on a regular basis as agreed in the treatment plan.

Parent's Signature: _____ Date: _____