

Anaphylaxis Emergency Plan

Child's Name: _____ Camp: _____

***Note: Please attach a photo of the child.

This child has a potentially life-threatening allergy to:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Medication: _____ |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Other: _____ |

Epinephrine Auto-Injector:

Expiry Date: _____

Dosage: EpiPen _____ mg Twinject™ _____ mg

Location of Auto-Injector: _____

Asthmatic (Person is at a greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.)

Signs and Symptoms

Signs and Symptoms parent/guardian has witnessed:

Please circle other signs/symptoms:

Skin: hives, swelling, itching, warmth, redness, rash

Respiratory (breathing): wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion, hay-fever like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing

Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea

Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock

Other: anxiety, feeling of "impending doom", headache

Emergency Response Protocol

1. Give epinephrine auto-injector at the first sign of a reaction occurring in conjunction with known or suspected contact with allergen.
2. Call 911.
3. Call contact person.

Emergency Contact Information:

Name	Relationship	Home Phone	Cell/Work Phone

All personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and Municipal Act, 2001 and will be used for the purposes of the Anaphylaxis Emergency Plan Form. Questions regarding this collection may be directed to the Manager of Recreation & Client Services, Leisure Services, 471 West Park Avenue, Bradford, ON, L3Z 0J3, 905-775-7529.

Release: In consideration of the acceptance of this Anaphylaxis Emergency Plan Form sponsored by the Department of Leisure Services, Town of Bradford West Gwillimbury, I hereby forever discharge the Corporation of the Town of Bradford West Gwillimbury, its employees, agents, officers, from all claims, damages, costs, and expenses in respect to injury or damage to my person or property, however caused, which may be sustained as a result of participation in Camp.

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____