

DALHOUSIE CHILDREN AND YOUTH PROGRAM/CAMP - APPENDIX C

Anaphylaxis Action Form

Date submitted:

Child's Name: Date of Birth: Gender:

PARENT/GUARDIAN NAME:

Main Contact #: Alternate #:

EMERGENCY CONTACT NAME:

Main Contact #: Alternate #:

What is your child allergic to?

Medication: Health Card Number:

ANAPHYLAXIS PREVENTION STRATEGIES

PARENT RESPONSIBILITIES

- Inform staff of allergy, emergency treatment and location of EpiPen
- Encourage child wear a Medical Alert bracelet or necklace
- Ensure child with food allergies only eats food/drinks from home (except for approved cafeteria lunches)
- Discuss appropriate location of EpiPen with the child and staff
- EpiPen must be labeled with child's name
- Ensure EpiPen is packed in appropriate location and sent to camp every day

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 program
- Inform all staff (including any substitute staff) of child with anaphylaxis of the emergency treatment plan and location of EpiPen
- 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 participants who have allergies included in their lunch/snacks

EMERGENCY PLAN:

EpiPen with participant? Yes No (IF NO PLEASE STATE WHY)

If YES – EpiPen location:

(Recommended child carry EpiPen and/or it is placed in the program emergency first aid pack)

If NO – then please state reason:

STANDARD EMERGENCY PLAN:

- 1) Administer epinephrine auto-injector (Eg. EpiPen or Allerject)
- 2) Call 911 and Dalhousie Security Emergency Line - 902-494-4109
- 3) Notify parents
- 4) Ambulance transports child to hospital

Parent Name:

Signature: Date: