

Date Plan was Developed: _____

TAMARAK DAY CAMP

SEVERE ALLERGY CARE PLAN

(Must be completed by a licensed health professional)

NAME

Severe ALLERGY to:

Other allergies:

Group

Bus #

Birthdate

Routine medications (at home/school)

Asthmatic? (High risk for severe reaction): Yes No

Date of last reaction:

Please list the specific symptoms the camper has experienced in the past:

Location(s) where Epi-pen/Rescue medications is/are stored:

Office Backpack On Camper Counselor Other _____

ACTION PLAN

If you suspect a severe allergic reaction to bees or food, immediately determine the symptoms and treat the reaction as follows:

Symptoms (known symptoms 'X')

- MOUTH Itching, tingling, or swelling of the lips, tongue, or mouth
- SKIN Hives, itchy rash, and/or swelling about the face or extremities
- THROAT Sense of tightness in the throat, hoarseness and hacking cough
- GUT Nausea, stomach ache/abdominal cramps, vomiting and/or diarrhea
- LUNG Shortness of breath, repetitive coughing, and/or wheezing
- HEART "Thready" pulse, "passing out", fainting, blueness, pale
- GENERAL Panic, sudden fatigue, chills, fear of impending doom
- OTHER _____

Give Medication (X)

- Antihistamine EpiPen
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- ♦ If a **food allergen** has been ingested, but no symptoms: Other: _____
- ♦ If exposure to allergen other than by ingestion (i.e., skin, inhalation)
- ♦ If a reaction is progressing (several of the above areas affected)
- ♦ **Asthma?** Yes No
- ♦ If **only** lung symptoms are present without known triggers of asthma or suspected ingestion first give: Fast acting inhaler Antihistamine EpiPen
- ♦ If only inhaler is given and lung symptoms are not relieved within minutes Repeat inhaler Antihistamine EpiPen

911 must be called if EpiPen is administered.

Medication Doses

Antihistamine

Dose: _____ Teaspoons _____ Tablets by mouth

EpiPen (.03) EpiPen Jr. (0.15)

Side Effects:

Repeat dose of EpiPen: Yes No

If YES, when

- ♦ **DO NOT HESITATE to administer EpiPen and to call 911 even if the parents cannot be reached.**

	Start Date:	End Date:
Licensed Health Professional's Signature	Today's Date:	
	Phone:	
Licensed Health Professional's Printed Name	Fax Number:	

Licensed Health Professional (LHP) Orders / Care Plan for Severe Allergy – Part 2

- ◆ Camper should remain quiet with the nurse or a staff member until EMS arrives.
- ◆ Notify the administrator and parent/guardian.
- ◆ Provide a copy of the Emergency Care Plan to EMS upon arrival.

Individual Considerations

Bus –Transportation will be alerted to camper’s allergy.

- ◆ This camper carries Epipen on the bus Yes No
- ◆ Epipen can be found in: Backpack Waistpack Other_____
- ◆ Other consideration _____

Field Trip Procedures – Epipen & allergy plan will accompany camper during any off campus activities.

- ◆ The camper should remain with the unit leader during the entire field trip Yes No
- ◆ Other _____
- ◆ Staff members on trip will be trained regarding Epipen use and this health care plan.

CAMP MEALS (for campers with food allergies)

Camper will sit at a specified allergy table.

This camper is allowed to eat only the following foods:

- Camp snacks approved by parent. : Goldfish crackers Oreo cookies Honeymade graham crackers
- Alternative snacks will be provided by parent/guardian to be kept:
 - with the nurse.(location) _____.
- Those in manufacturer’s packaging with ingredients listed and determined allergen-free by the nurse/parent or _____
- NO Restrictions**

CAMP ACTIVITIES (for students with food allergies)

Camp projects should be reviewed by the teaching staff to avoid specified allergens.

EMERGENCY CONTACTS

Name
Home Phone
Work Phone
Other

Name
Home Phone
Work Phone
Other

ADDITIONAL EMERGENCY CONTACTS

1.	Relationship:	Phone:
2.	Relationship:	Phone:

Parent signature gives permission for camp staff, that have been medication trained by the nurse, to administer prescribed medicine and gives permission to contact physician, if necessary.

Parent/Guardian Signature Date

Camp Nurse Signature Date

A copy of the Health Care Plan will be kept in the nurse’s office and available to all staff members who are involved with the camper.