Silver Lake Anaphylaxis Emergency Plan for (Name)_____

Child's Photo

Here Please

This person has a potentially life-threatening allergy (anaphylaxis) to: Peanuts___ Tree Nuts___ Eggs___ Dairy___ Insect Stings___

Other Foods_____ Latex___ Medication_____

The key to preventing anapylactic emergencies is **absolute avoidance** of the allergen. People with food allergies should not eat foods with a "may contain" warning.

Please note that campers with Anaphylaxis must bring 2 Epinephrine Auto-Injectors to camp with them-one to be kept on their person, and one at the Health Center.

Epinephrine Auto-Injector #1 Exp. Date_____ Epinephrine Auto-Injector #2 Exp. Date_____

(circle one) Allerject Allerject Jr. Epipen Epipen Jr.

Has the camper had a previous anaphylactic reaction? Y / N If so, camper is at greater risk.

Does the camper has Asthma? Y / N If camper is having anaphylactic reaction and is having difficulty breathing, give Epinephrine Auto-Injector before giving Asthma medication.

A person having an anaphylactic reaction may have ANY of these signs and symptoms:

Skin System-hives, swelling, itching, warmth, redness, rash

Resp. System(breathing)-coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms(runny, itchy nose and watery eyes, sneezing), trouble swallowing

Gastro System(stomach)-nausea, pain/cramps, vomiting, diarrhea

Cardio System(heart)-pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock

Other-anxiety, feeling of "impending doom", headache, uterine cramps, metallic taste

Early recognition of symptoms and immediate treatment could save a person's life. Reaction can be mild in the beginning but quickly get worse.

1. Give epinephrine auto-injector at the first sign of a known or suspected anaphylactic reaction.

2. Call 9-1-1 and tell them that someone is having a life-threatening allergic reaction.

3. Give a second dose of epinephrine in 5-15 minutes if reaction continues or worsens.

After epinephrine is given, camper MUST go to the hospital, preferably by ambulance. Call camper's emergency contact person(parent/guardian).

Name	Relationship	Home Phone	Work Phone	Cell Phone

Signature of Parent/Guardian **Witnessed By** **Date**

X_____ X_____ _____