

SEVERE ALLERGY ACTION PLAN

**MUST BE COMPLETED AND SIGNED BY A LICENSED ALLERGIST.
IF YOUR CHILD REQUIRES AN EPI-PEN--YOU MUST SUPPLY
YOUR OWN EPI-PENS FOR CAMP**

CAMPER NAME: _____

D.O.B: _____

**MUST BE COMPLETED & SIGNED BY LICENSED ALLERGIST IF YOUR CHILD REQUIRES AN EPI-PEN
YOU MUST SUPPLY YOUR OWN EPI-PENS AT CAMP**

Camper Name: _____ DOB: _____

List **ANY ALLERGY** (to food, medicine or other) that may prompt a life-threatening allergic response.

Allergen	Severe Reaction Caused When:	Required Response	Has severe reaction ever occurred?	Dosage & Additional Instructions
	<input type="checkbox"/> Allergen is ingested <input type="checkbox"/> Allergen touches skin <input type="checkbox"/> Allergen is in area (air born allergy)	<input type="checkbox"/> Give epinephrine immediately after known exposure to allergen, even if no symptoms are noted. <input type="checkbox"/> Give epinephrine at first sign of any symptom. <input type="checkbox"/> Give epinephrine with signs or symptoms of anaphylaxis .	<input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No	
	<input type="checkbox"/> Allergen is ingested <input type="checkbox"/> Allergen touches skin <input type="checkbox"/> Allergen is in area (air born allergy)	<input type="checkbox"/> Give epinephrine immediately after known exposure to allergen, even if no symptoms are noted. <input type="checkbox"/> Give epinephrine at first sign of any symptom. <input type="checkbox"/> Give epinephrine with signs or symptoms of anaphylaxis .	<input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No	
	<input type="checkbox"/> Allergen is ingested <input type="checkbox"/> Allergen touches skin <input type="checkbox"/> Allergen is in area (air born allergy)	<input type="checkbox"/> Give epinephrine immediately after known exposure to allergen, even if no symptoms are noted. <input type="checkbox"/> Give epinephrine at first sign of any symptom. <input type="checkbox"/> Give epinephrine with signs or symptoms of anaphylaxis .	<input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No	
	<input type="checkbox"/> Allergen is ingested <input type="checkbox"/> Allergen touches skin <input type="checkbox"/> Allergen is in area (air born allergy)	<input type="checkbox"/> Give epinephrine immediately after known exposure to allergen, even if no symptoms are noted. <input type="checkbox"/> Give epinephrine at first sign of any symptom. <input type="checkbox"/> Give epinephrine with signs or symptoms of anaphylaxis .	<input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No	
Other Non-Life Threatening Allergies & Recommended Treatment:				

Allergist's Name: _____ Allergist's Signature: _____

Phone Number: _____ Date: _____

Allergist Name: _____

Allergist Signature: _____

Phone: _____ Date: _____

This form must be submitted by June 15, 2019 send to: info.campweekaneatit@gmail.com