

Sharon Audubon Center Summer Nature Programs
EMERGENCY HEALTH CARE PLAN FOR EPI-PEN USE

Student's Name _____ **DOB** _____

ALLERGY TO: _____



ASTHMA? Yes No INHALER? Yes No

Parent/Guardian: _____ Telephone: _____

Emergency Contacts: _____

Name & Relationship	Phone
_____	_____
Name & Relationship	Phone
_____	_____

IF STUDENT HAS INGESTED OR THINKS HE/SHE HAS INGESTED THE ABOVE NAMED FOOD:

ACTION (check all that apply):

- _____ Observe student for symptom's of anaphylaxis**
- _____ Administer **adrenaline** before symptoms occur **EpiPen Jr. Sr.**
- _____ Administer **adrenaline** if symptoms occur **EpiPen Jr. Sr.**
- _____ Administer **Benadryl** _____ Tsp./ Mg.
- _____ Administer _____
- _____ Call 911 for transport to ER for further evaluation X 4 Hours
- _____ Call: Mother _____ Father _____ or emergency contacts
- _____ Call Dr. _____ At _____

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL 911 EVEN IF PARENTS OR DR. CANNOT BE REACHED!

_____ **M.D.** _____

Doctor's Signature _____ **Date** _____

**** SYMPTOMS OF ANAPHYLAXIS**

Chest tightness, cough, shortness of breath, wheezing, tightness in throat, difficulty swallowing, hoarseness, swelling of lips, tongue, throat, itchy mouth or skin, hives, rash, stomach cramps, vomiting, diarrhea, dizziness or faintness

I HAVE REVIEWED AND UNDERSTAND THE ABOVE INFORMATION. I consent for the exchange of information between the Summer Camp Director and Director of First Aid and the prescriber regarding this plan

PARENT SIGNATURE _____ **DATE** _____