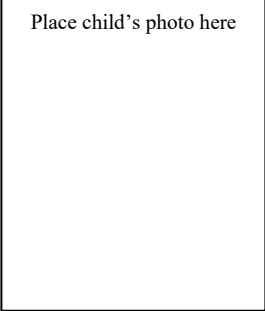


**Sharon Audubon Center Summer Nature Programs**  
**EMERGENCY HEALTH CARE PLAN FOR EPI-PEN USE**

**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 BEEN STUNG OR THINKS HE/SHE HAS BEEN STUNG BY THE ABOVE NAMED INSECT:**

**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** \_\_\_\_\_