CHILD'S NAME: _____ ATTENDING: ☐ Outdoor School CHILD'S SCHOOL_____

☐ Summer Camp CHILD'S SESSION & VILLAGE_____

YMCA STORER CAMPS: ANAPHYLAXIS FORM

Please attach this completed form to your child's health form.

We want your child to receive appropriate care and support for their allergies while attending our programs.
Please contact our Health Center and Kitchen at 517-536-8607 with any questions or concerns.

ANAPHYLAXIS EXPECTATIONS

YMCA Storer Camps programs take place in the outdoors. Your child will be exposed to trees, insects and other environmental factors. Participants are notified of food allergens at the beginning of every meal. The closest hospital, Allegiance Hospital in Jackson, MI is approximately 20 minutes away.

It is our expectation that your child is capable of self-managing their allergies: knowing which allergens to avoid, recognizing when they are experiencing an anaphylactic reaction and knowing to tell an adult immediately for help. We also expect your child to know how and when to use their emergency epinephrine injector (Epi-Pen, Auvi-Q, etc.) and that they will carry at least one device on their person, at all times, while at camp.

ALLERGENS

Please list what allergens cause an anaphylactic reaction for your child:

ANAPHYLAXIS SIGNS AND SYMPTOMS

Please check which signs and symptoms apply to your child's anaphylaxis response:
It is assumed that the severity of these signs and symptoms can change quickly and potentially progress to a life-threatening situation.

☐ Itching of the lips, tongue, mouth and/or face	☐ Hives, an itchy rash
☐ Swelling of the lips, tongue, mouth and/or face	☐ Nausea, abdominal cramping vomiting and/or diarrhea
☐ Itching and/or tightness in the throat	☐ Shortness of breath
☐ Hoarseness	☐ Thread-y pulse and/or increased heart rate
☐ Hacking cough, repetitive cough and/or wheezing	☐ Fainting and/or loss of consciousness

ANAPHYLAXIS HISTORY

Does your child also have asthma? ☐ Yes* ☐ No *If yes, please fill out an Asthma Form

Has your child ever self-administered their emergency epinephrine injector? ☐ Yes ☐ No* ☐ My child does not have an epinephrine injector.
*Our staff is trained to assist in the administration of an emergency epinephrine injector, if needed.

When did your child last experience an anaphylactic reaction? Please describe what happened and what treatment they received:

ALLERGY MEDICATIONS

Please list all routine, as needed and emergency allergy medications your child will be bringing to camp in the MEDICATION INFORMATION section of your child's health form. Send all medications in their original containers with the prescription and label epinephrine injectors with your child's full name.

COMMUNICATION AND TREATMENT PROTOCOL

If exposure is suspected, but no signs or symptoms of anaphylaxis are present:	• Remove individual from allergen if possible. • Monitor individual for 20 minutes and take no further action unless signs and/or symptoms appear.
If exposure is suspected and signs or symptoms of anaphylaxis are present:	• Remove individual from allergen if possible. • Assuming a patient airway, give 50mg (20mL) liquid diphenhydramine by mouth. • Administer 0.3cc epinephrine; repeat dose as needed. • Contact EMS and inform them it is an anaphylaxis situation

If your physician wants a different protocol followed, please have them legibly write the protocol and sign below. Attach additional information as needed.

Physician Signature: _____ **Date:** _____

Please give any other information you would like our staff to know about your child's allergic reactions. Attach additional information as needed.

Parent/Guardian Name	Relationship to Child	Phone Number

Parent/Guardian Signature: _____ **Date:** _____