
**The YMCA Storer Outdoor School Health Services
REQUEST FOR ADDITIONAL INFORMATION
ABOUT YOUR CHILD'S ANAPHYLAXIS**

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Student Name: _____

School: _____

Please complete both pages!

We want your child to receive appropriate care and support for his/her asthma while attending our program. Contact Health Services, at (517) 536-8607 with questions or concerns. Please attach additional information as needed, including physician medication orders or greater detail about your child's anaphylaxis history.

About The YMCA Storer Outdoor School...

1. The program takes place in the outdoors. Your student will be exposed to trees, grasses, dust, pollens, molds, insect bites and a host of other environmental factors.
2. We recommend that students who use an "as needed" inhaler carry the inhaler with them (on their person). Please mark with the child's full name and school.
3. The closest hospital is Allegiance Hospital in Jackson, approximately 20 minutes away.
4. If you have questions about the menu during your child's stay, please contact our Food Services at 517-536-8607.
5. Staff is told that children with asthma are capable self-managers and that these students know when to use their medication or amend activity to compliment their health status.

**ANAPHYLAXIS
Individual Emergency Action Plan**

Individuals with multiple anaphylactic responses should complete one form for each allergen.

This child responds
with anaphylaxis from _____

School: _____

**About the Signs/Symptoms
Experienced by this Person**

Check those that apply to this child's anaphylaxis response. It is assumed that the severity of these symptoms can change quickly; some can potentially progress to a life-threatening situation.

- Itching of the lips, tongue and/or mouth.
- Swelling of the lips, tongue and/or mouth.
- Itching and/or sense of tightness in the throat.
- Hoarseness.
- Hacking cough; repetitive cough and/or wheezing.
- Swelling about the face.
- Hives; an itchy rash.
- Nausea, abdominal cramping, vomiting and/or diarrhea.
- Shortness of breath.
- "Thready" pulse; increased heart rate.
- "Passing out," fainting.

History

Does this child also have asthma?..... Yes No

Can this child recognize when s/he is experiencing
signs/symptoms of anaphylaxis?..... Yes No

When did this child last experience an anaphylactic response?

Date: _____

Describe what happened and how the person
responded: _____

Student Name: _____

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School: _____

Anaphylaxis Emergency Action Plan
Please note that The YMCA Storer Outdoor School is at least
20 minutes from definitive care.

Regarding an EpiPen®

Our expectation is that the child will bring at least one EpiPen®, carry that device on their person during their stay, and know how to use the EpiPen®.

Has this child ever administered the EpiPen® to themselves?..... Yes No

Our staff will help a child administer their EpiPen® if need arises.

Recognizing a Reaction

It is our expectation that this child will tell a staff member if s/he suspects s/he is having a reaction.

Parents: please instruct your child to do this.

Treating a Suspected Exposure

If an exposure is suspected, but no signs or symptoms of anaphylaxis are present, we will monitor the child for 20 minutes and take no further action unless signs/symptoms appear.

Treating an Anaphylactic Response

1. Assuming a patent airway, give 50mg diphenhydramine (e.g. Benedryl) by mouth. Remove child from contact with allergen if possible.
2. Inject 0.3 cc epinephrine stat; repeat dose as needed.
3. Call an ambulance; tell the ambulance crew that this is an anaphylaxis situation.
4. Contact parents per directions on child's health form.

If you physician wants a different protocol followed, have your physician legibly write that protocol on the back of this form followed by his/her signature and date.

Signature of Custodial Parent Or Legal Guardian: _____

Printed Name: _____

Date Signed: _____

Questions? Please Call:

The YMCA Storer Outdoor School Health Services at:
(517) 536-8607

**Please attach this completed form to
your child's HEALTH FORM!**

