

Office Use Only

## ALLERGY ACTION PLAN

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G:
B:

If your child has any allergies, please complete and return this form to Meadowbrook with your physician's orders for the administration of appropriate medication or Epi Pen. If your child rides a bus to camp, please provide a second Epi Pen to be kept on the bus.

Camper Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**ALLERGIES** - List all known

Describe reaction and management of the reaction

**Food Allergies** (list)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medication Allergies** (list)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Allergies** (list) - include asthma, insect stings, hay fever, animal dander, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### BELOW IS TO BE FILLED OUT AND SIGNED BY YOUR CHILD'S PHYSICIAN

**ACTION FOR MINOR REACTION** - to be administered by authorized camp personnel.

If only symptoms are \_\_\_\_\_ give \_\_\_\_\_  
medication/dose

Then call:

1. Mother \_\_\_\_\_, Father \_\_\_\_\_, or emergency contacts.  
Name, Phone Name, Phone

2. Dr. \_\_\_\_\_  
Name, Phone

**If condition does not improve within 10 minutes, follow the steps for Major Reaction below.**

**ACTION FOR MAJOR REACTION**

If ingestion is suspected and/or symptoms are \_\_\_\_\_

give \_\_\_\_\_ **IMMEDIATELY!**

**Then Call:**

**1. Rescue Squad (ask for advanced life support). Do Not hesitate to call Rescue Squad!**

2. Mother \_\_\_\_\_, Father \_\_\_\_\_, or emergency contacts.  
Name, Phone Name, Phone

3. Dr. \_\_\_\_\_  
Name, Phone

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_