

Jericho Youth Services
Summer Camp – *The Ultimate Summer Camp*



ANAPHYLAXIS ACTION PLAN

MY CHILD'S ANAPHYLAXIS TRIGGERS ARE:

- peanuts nuts milk all dairy eggs shellfish fish
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Food Additives (list):

Insect Stings (list):

Medications (list):

Other (list):

MY CHILD'S ANAPHYLAXIS SYMPTOMS USUALLY ARE: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> swelling (eyes, lips, face, tongue) | <input type="checkbox"/> vomiting |
| <input type="checkbox"/> difficulty breathing or swallowing | <input type="checkbox"/> coughing or choking |
| <input type="checkbox"/> cold, clammy, sweaty skin | <input type="checkbox"/> stomach cramps, diarrhea |
| <input type="checkbox"/> flushed face or body | <input type="checkbox"/> dizziness, confusion |
| <input type="checkbox"/> fainting or loss of consciousness | <input type="checkbox"/> change of voice |
| <input type="checkbox"/> others (list): | |

MY CHILD'S EMERGENCY TREATMENT IS:

anti-histamine+ precise measuring instrument (specify brand and dosage):

Epi-Pen

NOTE: Epi-Pens must be provided.

CALL 911 AND TELL THE DISPATCHER THAT A CHILD IS HAVING A LIFE-THREATENING ANAPHYLACTIC REACTION.

CALL THE PARENT OR GUARDIAN.

Parent / Guardian Signature _____

Date Completed _____

Supervisor Signature _____

Date Completed _____