



Beachmont Christian Camp

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Food Allergy Action Plan



TO THE PHYSICIAN: Please complete **Physician's Medication Order Form** section of this form for the child below. It includes treatment and medication information for food allergies for this child who is either enrolled as a camper or is a volunteer Junior Counselor in our summer day camp program

TO THE PARENTS: Please attach child's picture (right) and complete **Page 2** of this form and send the completed 2-page Allergy Action Plan to our office *prior to* camp.

Camper's Name: _____ Birth Date: ____/____/____

ALLERGY TO: _____

◆ PHYSICIAN'S MEDICATION ORDER FORM ◆

Asthmatic Yes* No *Higher risk for severe reaction

Symptoms:

- If a food allergen has been ingested, but *no symptoms*:
 - Mouth Itching, tingling, or swelling of the lips, tongue, mouth
 - Skin Hives, itchy rash, swelling of the face or extremities
 - Gut Nausea, abdominal cramps, vomiting, diarrhea
 - Throat † Tightening of the throat, hoarseness, hacking cough
 - Lung † Shortness of breath, repetitive coughing, wheezing
 - Heart † Thready pulse, low blood pressure, fainting, pale, blueness
 - Other † _____
 - If reaction is progressing (several of the above areas affected), give
- The severity of symptoms can quickly change. † Potentially life-threatening

Give Checked Medication:**

(To be determined by physician authorizing treatment)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr.

Antihistamine: give _____
Medication/dose/route

Other: give _____
Medication/dose/route

Signature of Physician _____ Date _____

◆ **EMERGENCY CALLS AND OTHER INFORMATION** ◆

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ at _____
List location and contact information

3. Emergency contacts:

Name/Relationship	Phone Number(s)	
a. _____	1. _____	2. _____
b. _____	1. _____	2. _____
c. _____	1. _____	2. _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parents: Please provide any additional information or instructions on a separate piece of paper.

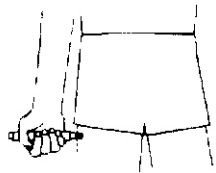
Parent/Guardian Signature _____ Date _____

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Once EpiPen® is used, call 911. Take the used unit with you to the Emergency Room.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*

