HEALTH, MEDICATION, AND SPECIAL CONSIDERATIONS

NAME OF CHILD: **BIRTHDATE**: .

Part 1

Medical/Health Concerns:	
Medication:	If your child requires medication to be taken during camp, please complete Part 2 of this form.
Allergies:	Does your child carry an epi-pen? **YES** ☐ **NO** ☐ If yes, please complete Anaphylaxis Action Form on the following page**.
Behaviour/ Special Consideration:	

Part 2: Request For Self-Administration of Prescription or Non-Prescription Medication

Name of Medication: Is refrigeration necessary? **YES** ☐ **NO** ☐

Dosage: **Times of Administration**:

Stop medication if the following reaction(s) observed:

Additional Information:

***Please Note**: University of Lethbridge Summer Camp staff are not permitted to administer medications to your child therefore you hereby give permission for the University of Lethbridge Summer Camp staff to supervise your child/youth when self-administering the medication(s) listed above in accordance with his/her Doctor's instructions.*

Parent/Guardian Signature: **Date**:

ANAPHYLAXIS ACTION PLAN

MY CHILD'S ANAPHYLAXIS TRIGGERS ARE:

- ☐ Peanuts
- ☐ Tree nuts
- ☐ Egg
- ☐ Milk
- ☐ Insect stings
- ☐ Shellfish
- ☐ Medication: _____
- ☐ Other: _____

MY CHILD'S ANAPHYLAXIS SYMPTONS USUALLY ARE:

- ☐ Swelling (e.g., eyes, lips, face, tongue)
- ☐ Difficulty breathing or swallowing
- ☐ Cold, clammy or sweating skin
- ☐ Fainting or loss of consciousness
- ☐ Coughing
- ☐ Choking
- ☐ Flush face or body
- ☐ Vomiting
- ☐ Stomach cramp, diarrhea
- ☐ Dizziness or confusion
- ☐ Voice changes

Other:

_____

MY CHILD'S EMERGENCY TREATMENT IS:

Epi-pen/auto-injector location: -

_____

☐ Previous anaphylactic reaction ☐ Asthmatic

Standard Emergency Plan:

1. Administer medication
2. Call 911
3. Notify U of L Security Services
4. Notify Parents
5. Ambulance transport

Do you request any changes or modifications to the Standard Emergency Plan? ☐ Yes ☐ No

Changes requested: _____

In the event your child requires an epi-pen injection, how comfortable is your child administering their medication?

Not comfortable 1 2 3 4 5 Very comfortable

Has your child ever self-administered their epi-pen before? ☐ Yes ☐ No

ANAPHYLAXIS PREVENTION STRATEGIES

✓ Inform staff and instructors of allergy, emergency treatment, and location of epi-pen/auto-injector

✓ Ensure child with food allergies only consumes food and/or drink from home

✓ Ensure child knows where epi-pen/auto-injector is kept

✓ Label epi-pen/auto-injector with child's name

I have read the anaphylaxis action plan

Name parent/guardian: _____

Signature parent/guardian: _____

Date: _____