



CAMP ROBIN HOOD

ANAPHYLAXIS ALERT POSTER

Name of Camper : _____

Registration Period/Clinic: _____ Section & Cabin Group #: _____

Camper has a potential life-threatening allergy (anaphylaxis) to:
(check appropriate boxes.)

- Peanut
- Tree Nuts
- Egg
- Milk
- Insect stings
- Latex
- Other: _____
- Medication: _____



Epinephrine Auto-Injectors: Expiry Date #1* _____ #2* _____
Dosage: EpiPen® Jr 0.15mg EpiPen® 0.30mg

*One auto-injector is stored in the Health Center and one in the campers fanny pack.

SIGNS & SYMPTOMS

- Face** Itchy eyes, itchy nose, flushed face, swollen lips, swollen tongue
- Airway** Trouble breathing or swallowing, hoarseness, choking, coughing, wheezing
- Stomach** Pain, cramps, nausea, vomiting, diarrhea
- Skin** Rash, itchiness, swelling, hives – anywhere on the body
- Heart** Pale/blue colour, weak pulse, light headedness, dizziness, shock
- General** Weakness, headache, sense of doom, loss of consciousness

Fast response in the administration of the auto injector may save a persons life

EMERGENCY PLAN – A.C.C.T.

Administer auto-injector immediately!

Contact camp nurse/designated other who will have the second epinephrine auto-injector and the camper's health history ready for transportation, with the camper, to Markham Stouffville Hospital. Camp Robin Hood transports campers having an anaphylactic reaction to the hospital as the camper can arrive at the hospital faster than it would take an ambulance to get to camp. A camp driver and a staff member, who is trained in the care of an anaphylactic reaction, will accompany the camper. The second epinephrine auto-injector will be with them in the unlikely event the reaction does not improve or becomes worse in which case a second dose would be required after 10 – 15 minutes. **ON-SITE PROTOCOL**

Call 911 or your local emergency number – advise dispatcher that a child is having an anaphylactic reaction. If an ambulance has not arrived in 10-15 minutes and symptoms have re-appeared, or have not subsided administer a second dose of epinephrine if necessary. **OFF-SITE PROTOCOL**

Telephone the parents / guardians.

Emergency Contact Information:

NAME	RELATIONSHIP	HOME NUMBER	CELL NUMBER	WORK NUMBER

Parents/Guardian: _____
(Signature)

Date: ____/____/____
(Day / Month / Year)