



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 ALLERJECT® 0.15mg ALLERJECT® 0.3mg Emerade™ 0.3mg Emerade™ 0.5mg

*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 person's life

EMERGENCY PLAN – A.C.C.T.

Administer auto-injector immediately!

Contact camp nurse/designated other who will assess the situation, camper and have the second epinephrine auto-injector and the camper's health history.

Call 911 and advise dispatcher that a child is having an anaphylactic reaction

Telephone the parents/guardians.

NAME	RELATIONSHIP	HOME NUMBER	CELL NUMBER	WORK NUMBER

Parents/Guardian: _____
(Signature)

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