



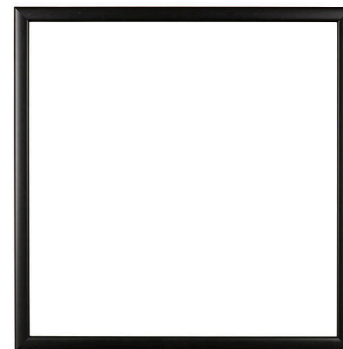
ANAPHYLAXIS ALERT POSTER

CAMPER INFORMATION

Camper Name: _____

Cabin: _____

Registered Session(s): _____



ANAPHYLAXIS ALLERGY INFORMATION

Camper has a potential life-threatening allergy (anaphylaxis) to: *(check appropriate boxes & provide details)*

☐ Food(s): _____

☐ Insect Stings ☐ Other: _____

Epinephrine Auto-Injectors (EAI):

Expiry Dates: #1* _____ #2* _____

**One EAI is stored in the health centre and one is in the camper's fanny pack.*

(DD / MM / YYYY)

(DD / MM / YYYY)

Dosage: *(check appropriate boxes)*

☐ Epipen® Jr 0.15mg

☐ Epipen® Jr 0.3mg

☐ ALLERJECT® 0.15mg

☐ ALLERJECT® 0.30mg

Anaphylaxis & Asthmatic History: *(check appropriate boxes)*

☐ Previous anaphylactic reaction where an EAI was administered.

☐ Asthmatic. *If person is having a reaction and has difficulty breathing, give EAI before asthma medication.*

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

Skin: hives, swelling (face, lips, tongue), itching, warmth, redness.

Airway: coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay-fever like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing.

Stomach: nausea, pain or cramps, vomiting, diarrhea.

Heart: paler than normal skin colour / blue colour, weak pulse, passing out, dizziness or lightheadedness, shock.

General / Other: anxiety sense of doom, headache, weakness, uterine cramps, metallic taste.

**Fast response in the administration of the epinephrine auto-injector may save a person's life.*

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give Epinephrine auto-injector (EAI)** at the first sign of a known or suspected anaphylactic reaction.
2. **Contact camp nurse/designated other** who will respond, monitor and have a second EAI ready to be administered if symptoms do not improve in 5 minutes.
3. **Call 9-1-1** or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
4. **Call emergency contacts listed below.**

Emergency Contact Information:

NAME	RELATIONSHIP	CELL NUMBER	HOME NUMBER	WORK NUMBER

Parent/Guardian: _____
(Signature)

Date: _____
(DD / MM / YYYY)