



# Pine Valley Day Camp Non-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 non-food allergies (such as bee stings) 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:** \_\_\_\_\_

**Place Child's  
Picture Here**

**PHYSICIAN'S MEDICATION ORDER FORM**

**Asthmatic:** Yes\* \_\_\_\_ No \_\_\_\_ \*Higher risk for severe reaction

**Symptoms:**

**Give Checked Medication\*\*:**

(To be determined by physician authorizing treatment)

- If an allergen has been introduced, but *no symptoms*:  Epinephrine  Antihistamine
- Mouth Itching, tingling, or swelling of the lips, tongue, mouth  Epinephrine  Antihistamine
- Skin Hives, itchy rash, swelling of the face or extremities  Epinephrine  Antihistamine
- Gut Nausea, abdominal cramps, vomiting, diarrhea  Epinephrine  Antihistamine
- Throat † Tightening of the throat, hoarseness, hacking cough  Epinephrine  Antihistamine
- Lung † Shortness of breath, repetitive coughing, wheezing  Epinephrine  Antihistamine
- Heart † Thready pulse, low blood pressure, fainting, pale, blueness  Epinephrine  Antihistamine
- Other †  Epinephrine  Antihistamine
- If reaction is progressing (several of the above areas affected), give  Epinephrine  Antihistamine

The severity of symptoms can quickly change. † Potentially life-threatening

**DOSAGE**

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

**Antihistamine:** give \_\_\_\_\_  
Medication/dose/route

**Other:** give \_\_\_\_\_  
Medication/dose/route

**Signature of Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Pine Valley Day Camp (410) 668-9888 fax(410) 663-3654*

**PARENTS: PLEASE COMPLETE PAGE 2**

**□ 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 \_\_\_\_\_

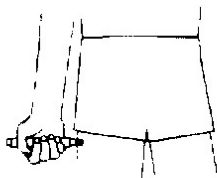
**EpiPen® and EpiPen® Jr. Directions**

- Pull off gray activation cap.



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

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



For children with multiple allergies, consider providing separate Action Plans for each allergen.

- 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.