

# OAKCREST EPIPEN FORM

IF YOUR CHILD WILL BE BRINGING AN EPIPEN OR EQUIVALENT TO OAKCREST YOU MUST FILL OUT BOTH SIDES OF THIS DOCUMENT. OAKCREST FOLLOWS THIS NATIONALLY ACCEPTED & STATE APPROVED STANDARD IN REGARDS TO EPIPENS.



**FARE**  
Food Allergy Research & Education

## FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  Yes (higher risk for a severe reaction)  No

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

Extremely reactive to the following allergens: \_\_\_\_\_

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

### FOR ANY OF THE FOLLOWING: **SEVERE SYMPTOMS**



#### LUNG

Shortness of breath, wheezing, repetitive cough



#### HEART

Pale or bluish skin, faintness, weak pulse, dizziness



#### THROAT

Tight or hoarse throat, trouble breathing or swallowing



#### MOUTH

Significant swelling of the tongue or lips



#### SKIN

Many hives over body, widespread redness



#### GUT

Repetitive vomiting, severe diarrhea



#### OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A COMBINATION** of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

### MILD SYMPTOMS



#### NOSE

Itchy or runny nose, sneezing



#### MOUTH

Itchy mouth



#### SKIN

A few hives, mild itch



#### GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

### MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

Has your child ever had to use an EpiPen before? Yes / No (circle one)

If yes, please explain what happened:

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If your child was exposed to an allergen what would you expect to happen? (What has her reaction been like in the past?):

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When was her last reaction?

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Is there any additional information you would like us to have?

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Please review this policy with your daughter and how to use her EpiPen before camp and then sign below.

I understand, as per medical protocol, that if an EpiPen is administered to my child, that 911 will be called, and she will be transported to the nearest medical facility. Oakcrest will also use the phone numbers provided to contact me as soon as possible. Oakcrest staff will follow the ambulance; however, a parent (or other adult family member) will need to go to the hospital/clinic as well to be with my child. Once family arrives, my child will be turned over to our care, and the Oakcrest staff will leave. Oakcrest contact information will be given to us so that we can contact the camp and inform them as to my child's condition and whether or not she will be returning to Oakcrest. If the medical problem is resolved in time for her to finish her stay at Oakcrest, she is welcome to return, but transportation will be provided by the family. An adult family member will fill out the "Return to Camp" form prior to leaving my daughter at camp.

As parent/guardian of the above named camper, I give permission to the first aide staff, counselor, or other designated Oakcrest staff to administer medication and follow protocol as identified in this Emergency Care Plan. I agree to release, indemnify, and hold harmless the above from lawsuits, claim expense, demand or action, etc., against them for helping my child with allergy/anaphylaxis treatment, provided the personnel are following the emergency action plan above. Parents/Guardians and camper are responsible for maintaining necessary supplies, medication, and equipment. I understand that the information contained in this plan will be shared with Oakcrest staff on a need-to-know basis and that it is the responsibility of the parent/guardian to notify Oakcrest staff if there is any change in my child's health status or care before camp.

Emergency Phone Numbers:

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Name/Relationship

Phone #

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Name/Relationship

Phone #

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Parent/Guardian Authorization Signature

Date