



SERIOUS ALLERGY CARE PLAN

For any camper with an Epi-Pen

Camper name/Grade: _____ **Daytime Phone#:** _____
 Parent/guardian will be notified immediately

The camper listed above has a *potentially life-threatening* reaction/allergy to:

Administer Benadryl FIRST: YES NO

Administer Benadryl: _____ (dosage) by mouth if these symptoms are present:

All prescription drugs being taken at school/athletics/campers require written physician's authorization

AND/OR **Administer Epi-Pen**

If ingestion or contact with allergen occurs but NO SYMPTOMS

AND/OR **Administer Epi-Pen**

if ingestion or contact with allergen occurs WITH SYMPTOMS DESCRIBED BELOW

- Itching or tightness of mouth or throat
- Swelling of the lips, mouth, tongue
- Hives
- Sudden onset of persistent cough
- Sudden onset of wheezing
- Shortness of breath or breathing difficulty
- Fainting or feeling like "passing out"



CALL 911

If using a cell phone please give specific location



Page Nurse Immediately

Either through switchboard, division secretary or 216-287-0711



Stay with the student and provide reassurance till EMS arrive
 Monitor airway, perform CPR if needed

Parent/Guardian Signature: _____

Date: _____

For Office Use only
 NSG DX: ___ Stable Hx; ___ Potential Complications: Anaphylaxis; ___ High risk ineffective breathing; ___ Other
 PLAN: ___ No ongoing nsg mgmt; ___ Standard procedure for severe allergic reaction; ___ standard medication procedure;
 ___ Individualized EAP; ___ Other.
 ___ Delegation

Scan & email completed forms to: summer@laurelschool.org

OR

Fax completed forms to: 216-464-8996 / Attention: Summer at Laurel

For additional assistance, please call 216-455-3065

