

ANAPHYLAXIS EMERGENCY PLAN

Only complete this form if your child requires an epi-pen

Anaphylaxis Individual Emergency Plan: _____ (child's name)

This person has a potentially life-threatening allergy (anaphylaxis) to:



- Peanut Other: _____
- Tree Nuts Insect Stings: _____
- Egg Latex _____
- Milk Medication: _____

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked/ bulk foods or products with a "may contain" warning.

Epinephrine Auto-Injector: Expiry date _____ / _____

- Dosage:** EpiPen Jr. 0.15mg EpiPen 0.30mg
 Twinject 0.15mg Twinject 0.30mg

Location of auto-injector(s): _____

Asthmatic: Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

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

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough
- **Gastrointestinal (stomach):** nausea, pain/ cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/ blue colour, weak pulse, passing out, dizzy/light headed

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

1. **Give epinephrine auto-injector** (e.g. EpiPen or Twinject) at the first sign of a reaction. Give a second dose in 10 to 15 minutes or sooner if the reaction continues or worsens.
2. **Call 911.** Tell them that someone is having a life-threatening allergic reaction.
3. **Go to the nearest hospital,** even if symptoms are mild or have stopped.
4. **Call contact person.**

Emergency Contact Information:

The undersigned patient, parent, or guardian authorizes YMCA staff to administer epinephrine to the above-named in the event of an anaphylactic reaction. This protocol has been recommended by patient's physician.

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE	CELL PHONE

Who is permitted to train the staff at your child's centre:

- The YMCA Supervisor Doctor Parent/Guardian
- I would like to attach additional information to my child's Individual Plan

Parent/Guardian Signature _____ Date _____ or _____ Physician's Signature _____ Date _____

2010 Registration Form

Dear Parents and Guardians:

If you are registering more than one child for camp, there are more 2010 Registration forms available online at www.ymcahbb.ca or at all YMCA Branches.

Thank you for choosing YMCA Day Camps!

Help another child receive a YMCA Day Camp Experience

A gift to our YMCA Strong Kids Campaign would be greatly appreciated.

- \$25 \$50 \$75 \$100 Other \$: _____

(Please make a separate payment in support of the YMCA Strong Kids Campaign.

A tax receipt will be issued for all donations over \$15).

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 We build strong kids,
 strong families, strong communities.



