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## Epinephrine Action Plan

Child's name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Campus: \_\_\_\_\_

Weeks of Camp Registration: \_\_\_\_\_

Photo

### Camper has potential life-threatening allergic reactions to:

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Peanuts   | <input type="checkbox"/> Insect Stings     |
| <input type="checkbox"/> Tree nuts | <input type="checkbox"/> Latex             |
| <input type="checkbox"/> Egg       | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Milk      | <input type="checkbox"/> Medication: _____ |

### Epinephrine Auto-injector:

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Dosage:

- |   |  |
|---|--|
| <input type="checkbox"/> EpiPen Jr (0.15mg) | <input type="checkbox"/> EpiPen (0.3mg)    |
| <input type="checkbox"/> Twinject (0.15mg)  | <input type="checkbox"/> Twinject (0.3mg)  |
| <input type="checkbox"/> Allerject (0.15mg) | <input type="checkbox"/> Allerject (0.3mg) |

Location of child's auto-injector:

### Signs and Symptoms:

Check all that apply.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Swelling (eyes, lips, face, tongue) | <input type="checkbox"/> Fainting                       | <input type="checkbox"/> Flushed face or body |
| <input type="checkbox"/> Difficulty breathing                | <input type="checkbox"/> Unconsciousness                | <input type="checkbox"/> Change of voice      |
| <input type="checkbox"/> Difficulty swallowing               | <input type="checkbox"/> Cold, clammy, sweaty skin      | <input type="checkbox"/> Dizziness            |
| <input type="checkbox"/> Coughing                            | <input type="checkbox"/> Stomach cramps and/or diarrhea | <input type="checkbox"/> Confusion            |
| <input type="checkbox"/> Chocking                            |   | <input type="checkbox"/> Vomiting             |
|  |   | <input type="checkbox"/> Other: _____         |

Can your child recognize the onset of these symptoms?

- Yes       No



If you see any of those symptoms, the **most senior counsellor on-site MUST:**

- 1) **Give epinephrine auto-injector** at the first sign of a known or suspected anaphylactic reaction. Inject into the side of the thigh - not on the top or bottom of the thigh.
- 2) **Call 9-1-1.** Tell them someone is having a life-threatening allergic reaction.
- 3) **Alert the Team Leader** to your situation. They will call the camper's emergency contacts. They will also call the office and alert them to the situation.
- 4) **Give a second dose of epinephrine** in 5 to 15 minutes IF the reaction continues or worsens.
- 5) **Go to the nearest hospital IMMEDIATELY**, even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital until the camper's emergency contacts have arrived.

### Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

Important Note: We have at heart the utmost safety of all the children at our Camp and want to ensure that everyone has a fun and safe experience. If another camper brings peanut products to the camp inadvertently, we will separate your child. If your child comes to camp without his/her EpiPen, you will be contacted and will have to bring one to the campus before your child can participate in any activities depending on the severity of allergies. We cannot guarantee a nut/peanut free environment. We do however seek to reduce the risk of exposure and therefore discourage campers from bringing any nut/peanut products to the camp.

I/We, the undersigned patient, parent, or guardian, authorize any counsellor to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician. I/We agree to release and indemnify Camp Tournesol staff of any claims that may arise as a result of any errors in administering the medication concerning dosage or proper time. I/We also understand that campers must bring with them **2 epinephrine auto-injectors** to camp (one MUST be worn by the camper; the other will be kept with the Team Leader).

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Parent/Guardian Signature

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Date