



# Allergy Information Form

## **Dear Parents/Guardians:**

Our camp staff is prepared to work in partnership with you to manage your child's allergy. In order to do this, we require the following:

- complete the attached Emergency Allergy Alert form and return it to the Camp Co-ordinators
- assist camp staff by providing complete information concerning your child's allergies
- provide your child with an EpiPen during each day of camp (if applicable) and ensure that a new EpiPen replaces any that have expired

Thank-you for your co-operation with this very important matter. If you have any questions or concerns, please contact the Camp Co-ordinators at 520-2600 ext. 8444.

## CAMPER INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s)/Guardians(s): \_\_\_\_\_

Camp Session: 1            2            3            4            Leadership  
Specialty Camp: \_\_\_\_\_

## MEDICATIONS/PROCEDURES USED

Antihistamines

Explain dosage & precautions: \_\_\_\_\_

\_\_\_\_\_

EpiPen

Other: \_\_\_\_\_

\_\_\_\_\_

## AUTHORIZATION AND RELEASE FOR THE ADMINISTRATION OF AN EPIPEN

I have requested that an EpiPen be administered in the event of an Anaphylaxis emergency.

I agree to provide Carleton University Sports Camp with a written updated medical statement whenever there is a change with respect to medication. It is further understood that keeping the camp staff informed is my responsibility. I also understand that the Emergency Allergy Alert/Photo ID form will be made available to staff in order to keep the camp staff informed.

Although the camp staff will work hard to ensure an allergen-free environment, I recognize that Carleton University Sports Camp programs, facilities, staff, and support people are in no way able to ensure or promise a risk-free or allergen-free environment for my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



Please return this form to one of the Camp Co-ordinators.

\_\_\_\_\_  
Name of Camper

\_\_\_\_\_  
EpiPen Expiry Date (Parents required to replace prior to expiry date)

**ALLERGY DESCRIPTION**

This child has a dangerous life-threatening allergy to the following substances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AVOIDANCE IS THE KEY!**

Please describe the situations in which your child will react to the allergen (ie. touch, inhalation, ingestion):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SYMPTOMS SPECIFIC TO YOUR CHILD**

Any other medication to be given, with specific instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Parent/Guardian and Emergency Contact Information:

Parent/Guardian Day Time Numbers:	Emergency Contact Numbers:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date