

# Endless Adventurers Summer Camp

## Epinephrine Auto-Injector Authorization for Campers at Risk for Anaphylaxis

### AUTHORIZATION TO SELF-CARRY

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies that could cause Anaphylaxis: \_\_\_\_\_

**Anaphylaxis** is a life-threatening, acute systemic (whole body) type of allergic reaction. It occurs when a person has become sensitized to a certain substance or allergen. It is a MEDICAL EMERGENCY.

**Symptoms can include, but are not limited to:**

- |   |                         |
|---|-------------------------|
| -uneasiness and agitation                           | -dizziness              |
| -facial flushing                                    | -throbbing in ears      |
| -rapid pulse, weak pulse, or unattainable pulse     | -difficulty breathing   |
| -swelling of face, lips, tongue, eyelids, or throat | -nausea and/or vomiting |
| -unresponsiveness due to decreased BP               | -coughing or wheezing   |

**If camper is having an allergic reaction  
AND is symptomatic:**

1. Stay with camper. Call 911. Initiate emergency protocol.
2. If any throat, heart, respiratory or central nervous system symptoms are present: Administer one of the following Epinephrine Auto-Injectors per device instructions:

☐ **Epinephrine Injection** Auto-Injector  
**Adult 0.3mg**

☐ **Epinephrine Injection** Auto-Injector  
**Pediatric 0.15mg**

**If camper is having an allergic reaction with  
NO respiratory distress, administer:**

- ☐ **Diphenhydramine** (Benedryl)  
**50mg** tablet or liquid PO immediately
- ☐ **Diphenhydramine** (Benedryl)  
**25mg** tablet or liquid PO immediately

*\*Do not give anything by mouth if unconscious or unable to swallow\**

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

*Doctor's Stamp*

### Authorization to Self-Carry

The camper named above has been instructed in the proper use of the Epinephrine Auto-Injector. We request that he/she be permitted to carry the Epinephrine Auto-Injector on his/her person. He/she has been instructed and understands the purpose and the appropriate method and time to self-administer the Epinephrine Auto-Injector.

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date