

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