

SEVERE ALLERGY MANAGEMENT PLAN
SANFORD SUMMER CAMP

_____ (child's name) is allergic to the following:

_____.

Accidental ingestion or sting could lead to a severe anaphylaxis reaction. Early signs of anaphylactic reaction include the following symptoms:

Mouth Itching and swelling of the lips, tongue or mouth

Throat Itching and/or a sense of tightness in the throat, hoarseness and "hacking" cough

Skin Hives, itchy rash and/or swelling about the face or extremities

Stomach Nausea, abdominal cramps, vomiting and/or diarrhea

Lungs Shortness of breath, repetitive coughing and/or wheezing

Heart Thready pulse, passing out

If an accidental ingestion or insect sting is suspected, give Benadryl liquid or tablet.

The dose is _____ tsp. Or _____ tabs

*IF ANY THROAT, LUNG OR HEART SYMPTOMS DEVELOP, GIVE EPINEPHRINE _____ mg.
Immediately and transport to the nearest emergency room. May repeat in 5-10 minutes, if needed

Notify _____ at _____ of the reaction.

Dr. _____ may also be contacted at _____ regarding the reaction and/or questions.

Do not hesitate to administer medication or take the child to an emergency room

_____ MD

Physician's signature

parent/guardian signature

Date _____

6/1/2022