



EPI-PEN EMERGENCY HEALTH CARE PLAN

(Only required for EpiPen® prescriptions)

FOR PATIENTS WITH MULTIPLE ALLERGIES REQUIRING AN EpiPen®, USE ONE FORM FOR EACH ALLERGEN

PLEASE NOTE PROJECT OCEANOLOGY REQUIRES 2 EPI-PENS FOR CAMP

This form does not apply to my camper

Camper Name _____

This participant is allergic to: _____

Prescribing Medical Care Provider: _____ Telephone (____) _____

Provider's Address: _____

Street

City

State

Zip

ASTHMA? Yes (high risk for severe reaction) No

FOOD ALLERGY _____

Signs of an allergic reaction include, but not limited to the following:

SYSTEMS*

SYMPTOMS

MOUTH

Itching & swelling of 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 and/or extremities

GUT

Nausea, abdominal cramps, vomiting and/or diarrhea

LUNG

Shortness of breath, repetitive coughing, and/or wheezing

HEART

“Thready” pulse, light-headedness, “passing-out”

**Above symptoms CAN potentially progress to a life-threatening situation! The severity of symptoms can change quickly.*

ACTION: **NUMBER THE FOLLOWING FROM 1 to 6**, in the correct order necessary for care. (1= 1st step, 2= 2nd step, etc.)

If participant ingests, thinks he/she has ingested, insect sting (seen or suspected), etc.

_____ Observe for severe symptoms

_____ Administer EpiPen® before symptoms occur

_____ Administer EpiPen® if symptoms occur

_____ Call 911 (and request paramedic) and transport to

ER if symptoms occur

_____ Call 911 (and request paramedic) and transport to ER if EpiPen® given

_____ Administer Benadryl® (dose) _____ or

Atarax® (dose) _____

DO NOT HESITATE TO ADMINISTER MEDICATION & CALL 911, EVEN IF PARENT(S) OR PRESCRIBER CANNOT BE REACHED!

Prescribers' Signature (MD/APRN/PS)

Date

Parent/guardian Name(print)

Parent/guardian Signature

Date

EMERGENCY CONTACTS

1. _____

Relation _____

Phone (____) _____

2. _____

Relation _____

Phone (____) _____

3. _____

Relation _____

Phone (____) _____