



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

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 (____) _____



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Greetings from Project Oceanology!

We are looking forward to a fun and educational week of camp and are pleased your camper will be joining us.

As you prepare your child's medication for camp, please note, it is required that you bring 2 Epi-Pens with your camper for check-in. Our Summer Camp activities take us to the shores of local islands via skiffs and excursions on our EnviroLab research vessels can be as much as an hour away from Project O in open water. If your camper experiences a reaction that requires use of his/her EpiPen, it is important to understand that a remote location by boat may impact the response time for emergency responders, to the point where the effects of the first EpiPen have worn off and a second EpiPen should be administered.

CT state law for licensed youth camps recommends parents provide 2 Epi-Pens. As a safeguard, Project Oceanology is going further to require 2 Epi-Pens for the week your camper is with us.

Please take the time to discuss this with your child's physician. If you would like to discuss this further, you can reach out to one of our Camp Director's, Marissa Mackewicz or Deb Sayer via email: projecto@oceanology.org or call: 860.445.9007.

(This note is for informational purposes only – please submit only the Epi-Pen form after completion)