

Parent/Guardian

Anaphylaxis Package

Adapted for SPARC Camps 2019

This package has been created to support Sabrina's Law which seeks to provide a safe environment for children with life threatening allergies – a “minimized allergen environment”. It is NOT possible for us to totally eliminate the risk of children coming in contact with a life threatening allergen in the camp environment and/or at off site locations (e.g. field trips).

The emergency treatment plan in the event of exposure to a life threatening allergen as recommended by Anaphylaxis Canada is as follows – A.C.T.:

- **A** Administer the auto-injector as soon as the child displays any of the anaphylactic symptoms
- **C** Call 911
- **T** Transport the child by ambulance to hospital even if symptoms subside

Parent/Guardian Obligations:

It is the obligation of the child's parent or guardian and the child to ensure that the information in the child's file is kept up-to-date with the medication that the child is taking.

To comply with the above obligations we request the completion of the following forms:

- Request and Consent for the Administration of Epinephrine (Appendix A)
- Anaphylaxis Emergency Treatment Plan (Appendix B)

Return the completed forms to the General Director as soon as reasonably possible including the child's photograph, information about the child's allergy, emergency contact numbers and emergency protocol and signature of parents/guardian.

Pictures should be recent photographs of the head and shoulders, approx 2"x2.5" (*These forms will be posted in the staff room.*)

In addition, parents/guardians will do the following:

- Inform the General Director or designate about your child's life threatening allergies.
- Provide the camp with TWO epinephrine auto-injectors. One auto-injector will be worn by the child/camper at all times and should be in a protective container and fanny pack of

some sort labelled with the child's name and prescription details. The second auto-injector will be carried by the camper's counsellor – also labelled appropriately. The counsellor will have the 2nd auto-injector on his/her body at all times while the child is at camp. General director, managers and counsellors are all trained in auto-injector administration.

- Meet with the manager and provide information and training as requested.
- Communicate with the staff about field trip arrangements.
- Provide your child with allergen free food products when requested for activities and special events.
- Recommendations: Provide a Medical Alert identification for your child.
- Teach Your Child:
 - about his/her allergy and substances that trigger a reaction
 - strategies about how to avoid potentially life threatening allergens
 - how to recognize the symptoms of an anaphylactic reaction
 - how to communicate clearly to a responsible adult that he/she is an anaphylactic child when he/she feels a reaction starting or a general feeling of *unwellness*
 - the importance of wearing/carrying their Medic Alert information
 - to only eat foods approved by parent/guardian
 - not to share snacks, lunches or drinks, food utensils, and food containers
 - the importance of hand washing.

Appendix A

Parent Request for Self-Administration and Storage of Auto-Injectors Request and Consent for the Administration of Epinephrine

Date: _____ (dd/mm/yy)

This form is completed when the camp agrees with the parental request to administer medication for life threatening allergies. A new form is required: a) at the initiation of this process; b) when the medication changes. Staff agreeing to administer medication will do so according to the information in this form only.

1. To be completed by the parent/guardian: Child's Name: _____

Date of Birth (dd/mm/yy)	Gender: M F	Medic Alert ID: Yes / No	
Name of Father:	Home Tel.#	Business Tel.#	Cell Tel.#
Name of Mother:	Home Tel.#	Business Tel.#	Cell Tel.#
Name of Guardian:	Home Tel.#	Business Tel.#	Cell Tel.#
Emergency Contact:	Home Tel.#	Business Tel.#	Cell Tel.#

2. To be completed by parent/guardian (Please sign at the bottom)

Regarding parent requests for employees of SPARC Camp to provide prescribed medication (Epinephrine) to their child.

As the parent/guardian of (print name of child) _____, I accept and endorse the following three terms and/or conditions pertaining to my request for _____ (SPARC Camp employees) to provide my child with the epinephrine prescribed under the authority and supervision of my child's doctor. Specifically, I understand and accept that:

1. I am responsible for providing and maintaining TWO Epinephrine auto-injectors.
2. The Emergency Action plan following the best advice from Anaphylaxis Canada is to:
 - A** Administer the auto-injector immediately at the first sign of symptoms
 - C** Call 911
 - T** Transport to hospital by ambulance
3. Epinephrine auto-injector supplied to the camp will be clearly labelled in containers which display:
 - a) name of my child
 - b) name of prescribing doctor
 - c) expiry date

Signature of parent/guardian: _____ Date: _____

Appendix B

Anaphylaxis Emergency Treatment Plan

Camper's Photo

Campers Name _____ has an anaphylactic allergy to:

Peanut Tree Nuts Egg Milk Insect Stings Latex

Other: _____

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

-Skin: hives, swelling, itching, warmth, rash

-Breathing: wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain

-Gastrointestinal (stomach): nausea, pain, vomiting, diarrhoea

-Cardiovascular (heart): pale/blue colour, weak pulse, passing-out, dizzy, shock

-Other: anxiety, headache

Expiry Date of Auto-Injector: _____

Parent/Guardian Signature: _____ Date: _____

Signature of Manager: _____ Date: _____

Signature of Counsellor: _____ Date: _____