



# ALLERGY INFORMATION

## JCC of Ottawa Summer Camps

Please mark which camp your child is in  Day Camp  Traveling Sports Camp  Specialty Camps

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

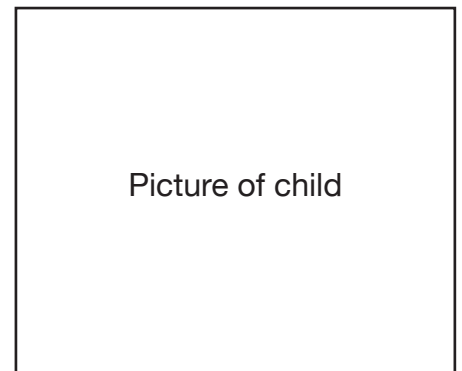
### To be completed by physician or parent:

Physician's name \_\_\_\_\_ Phone # \_\_\_\_\_

Allergic To	Reaction <i>signs &amp; symptoms</i>	EpiPen Required	Benadryl Required	Comments <i>(other medications, special precautions, etc.)</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Emergency action plan:

1. Give epi-pen if needed
2. Call 911
3. Contact SJCC Lifeguards
4. Contact parents
5. Repeat epi-pen in 15-20 minutes if not improving or worsening
6. Go to hospital



### Emergency contacts

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Physician's/parent's signature \_\_\_\_\_ Date \_\_\_\_\_