Soloway JCC Summer Program

2020 ALLERGY INFORMATION

Please mark which camp your child is in ☐ 2-3 Year Old ☐ 4-11 Year Old

Child's name _____ Date of birth _____

To be completed by physician or parent:

Physician's name _____ Phone # _____

Allergic To	**Reaction** *signs & symptoms*	**EpiPen Required**	**Benadryl Required**	**Comments** *(other medications, special precautions, etc.)*
		☐ Yes ☐ No	☐ Yes ☐ No	
		☐ Yes ☐ No	☐ Yes ☐ No	
		☐ Yes ☐ No	☐ Yes ☐ 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

Picture of child

Emergency contacts

1. Name _____ Phone # _____

2. Name _____ Phone # _____

3. Name _____ Phone # _____

Physician's/parent's signature _____ Date _____