

Directions: Please complete this form if your camper has allergies or medical condition such that emergency care may be required. Please read sections in the camp manual on allergies and health & wellness. It is the responsibility of the parent/guardian to provide all medications and medication order forms for any medications listed on this form.

Camper Information

Camper's Name		Date of Birth
Camper's Address		Phone
Grade - Fall 2014	Group Name (Buc, Pio, Voy, Ran)	Camp Location(s)
Insurance policy/Doctor's name (if available, write N/A if no insurance)		Policy Number
		Emergency Number

Parent/Guardian Information

Name (Parent/Guardian1)	Daytime Phone #1	Daytime Phone #2
Name (Parent/Guardian)	Daytime Phone #1	Daytime Phone #2

Allergy and Medical Information

Type of Allergy or Medical Condition: _____

Triggers of allergic reaction or medical condition: _____

Possible signs or symptoms: _____

Other considerations: _____

Medication(s) required to treat allergic reaction or medical condition: _____

In order for the Y to administer medication a separate Medication Form must be on file for each medication.

ACTION STEPS to provide assistance to camper experiencing an emergency:

1. Stay Calm. Stay with camper.
2. Alert other staff for assistance and to contact Emergency Medical Services (911) and/or parent.
3. Give medication in following order*:

	Name of Medication	How to give	Amount	When to give/repeat
Medication #1				
Medication #2				
Medication #3				

4. Monitor camper for:

- Difficulty breathing or noisy breathing • Difficulty talking and/or hoarse voice • diarrhea
- Tightness of chest • A wheeze or persistent cough • Blue discoloration of lips or fingernails
- Swelling of tongue, eyes, or lips • Loss of consciousness and/or collapse • Become pale and floppy
- Swelling/tightness in throat • Vomiting, stomach cramps, or

5. Administer CPR if breathing stops. Continue until paramedics arrive.

6. Document event using a Y incident report form.

Allergy and Medical Emergency Care Plan Permission

I give consent for Y of Central Maryland authorities to take appropriate action for the safety and welfare of my child. I give my consent for Y of Central Maryland authorities to communicate with the authorized health care provider when necessary.

Parent/Guardian Signature _____

Date _____

*It is the responsibility of the parent/guardian to provide any and all medications listed. If the parent/guardian is choosing not to provide medication, please submit letter stating this intent.