

MEDICATION and/or LIFE-THREATENING ALLERGY & EPIPEN INSTRUCTIONS

** * ONLY FOR CAMPERS WHO HAVE MEDICATION THAT NEED TO BE ADMINISTERED ONSITE
and/or LIFE-THREATENING ALLERGIES * **

Please follow the below instructions carefully. If you have any questions, please do not hesitate to contact us at **(844) 516-2267** or **info@ideassummercamps.com**. If you have received this form in error, please disregard.

- 1. If your child has an EpiPen or medication, please follow these instructions exactly as they are written so we may ensure your child's safety at all times at our Camps.**
 - a. Clearly mark the EpiPen or Medication with your child's first and last name.
 - b. Complete page two of this form. Please print clearly.
 - c. Please attach a wallet-size (or bigger) picture to page two of this form.
 - d. Place all of the above into a one-gallon zip lock bag. Seal the bag.
 - e. With a permanent marker, please neatly mark the outside of the bag with your child's first and last name. Please mark the bag on only one side and at the bottom of the bag.

- 2. Please try to arrive at camp in our drop-off period as you are able on the first day of camp. Monday drop-off begins at 8:30 am.**

- 3. Hand the bag, with the EpiPen/Medication and all of its contents placed inside, directly to the person who greets you at your car during your arrival in the morning.**

- 4. We will then walk your child directly to the camp Safety Specialist who will then provide your child with a temporary allergy bracelet (this will happen each morning at check-in). We will mark the bracelet with your child's name on it so his or her identity can be matched to the EpiPen/Medication for the duration of the camp day.**

- 5. The EpiPen/Medication will then be given directly to the counselor supervising your camper. The only exception is if the medication does not need to be with the camper throughout the entire day - (in this situation the medication will remain with our Safety Specialist so she may supervise the medication administration at the appropriate time(s) of day).**
 - a. This counselor will place the EpiPen directly inside one of the Camp's Emergency Fannie packs—to be worn on their person at all times. If we are receiving a Medication that needs to be with the camper, at all times throughout the day, we will follow the same process. Again-if the Medication should **not need** to remain with the camper throughout the duration of the day, our trained Safety Specialist will securely handle the medication(s) until the appropriate administration time(s) of the day.

 - b. If the camper should change groups or transfer into another activity that is supervised by another counselor, the EpiPen/Medication will be transferred to the appropriate counselor supervising your camper and his/her group.

- 6. You have a choice of which action item you would prefer with regard to your EpiPen or Medication being returned to you (or not) at the end of each week. Please check the appropriate box on page 2.** Your options are:
 - a. You may provide us with permission to keep your EpiPen and/or Medications on location for the duration of summer (including over the weekend) until the last week and/or day of camp your child will attend this summer. If you choose this option we will keep them in a safe and secure (locked) area over the weekend and then have the EpiPen or Medications available and ready for your camper when he or she checks in the following Monday of his or her next camp session

 - b. You may choose to have your EpiPen and/or Medications returned to you at the end of the week (or on your camper's last day of camp for that week).
 - i. Should you choose this option a member of our team will hand-deliver the EpiPen and/or Medications to the driver of the vehicle picking-up your child. OR;

 - ii. We will hand the EpiPen and/or Medication directly to your child, if he or she walks or takes public transportation so that it may return home safely after camp.

MEDICATION AND/OR LIFE-THREATENING ALLERGY & EPIPEN INSTRUCTIONS BRING WITH YOU TO CAMP ON DAY 1 AND HAND TO A COUNSELOR DURING DROP-OFF

***ONLY COMPLETE THIS FORM FOR CAMPERS WHO HAVE MEDICATION THAT NEED TO BE ADMINISTERED ONSITE
and/or LIFE-THREATENING ALLERGIES***

Camper: _____
First name Last name

Parent: _____
First name Last name

Parent Emergency Contact Telephone Number: _____ -- _____ -- _____

Camper D.O.B. _____ / _____ / _____ Date of Camp Program: _____
MM DD YYYY

ALLERGIC TO: _____

ASTHMATIC: YES* NO *Higher risk for severe reaction

Symptoms (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> If a food allergen has been ingested, but there are no symptoms | <input type="checkbox"/> Heart: Thready pulse, low blood pressure, fainting, pale |
| <input type="checkbox"/> Mouth: Itching, Tingling, or swelling of lips, tongue or mouth | <input type="checkbox"/> Skin: Hives, itchy rash, swelling of the face or extremities |
| <input type="checkbox"/> Throat: Tightening of throat, hoarseness, hacking cough | <input type="checkbox"/> Stomach: Nausea, abdominal cramping, vomiting, diarrhea |
| <input type="checkbox"/> Lung: Shortness of breath, repetitive coughing, wheezing | <input type="checkbox"/> Other _____ |

Attach wallet size camper photo

What would you prefer IDEAS Summer Camp do with your EpiPen and/or Medications on the last day of each week your child attends camp:

- I give permission for the EpiPen and/or Medications to remain on campus until my camper's last day of the last week of his or her camp program this summer (Reminder: IDEAS Summer Camp will keep these items onsite over the weekend in a secure and locked location)
- I would like to have the EpiPen and/or Medications returned to me on the last day of each one-week camp session (Reminder: if you choose this option, and you are returning to a camp program later in the summer, you will need to bring a new (or copy) of the original form you first completed for the first one-week session your camper attended as well as the EpiPens and/or Medications back to camp on the first day of each camp week your child attends.

Guidelines for Managing Food Allergies at IDEAS Summer Camp

IDEAS Summer Camp recognizes that food allergies can be life threatening. There is an ever present risk of accidental exposure to a food allergen. All camp staff, campers, and parents must work together to minimize the risk and to be ready if an emergency occurs.

Family Responsibility:

- Be certain that camp personnel have up to date phone contacts with responsible family members.
- Be sure that the medical forms are properly filled out and signed by the parents and physician.
- Know that the medication you drop off at camp has an intact pharmacy label and has not expired.
- List all foods that are known to bring on an allergic response.
- Provide a photo snapshot of the child when healthy.

Camper Responsibility:

- Camper should:
- Never exchange food with others.
 - Never eat foods with unknown, unlabeled ingredients.
 - Read every label or ask a counselor to read the label searching for the allergen.
 - Help counselors by reporting an allergic reaction that is starting, even if it is only a suspicion and not yet visible.
 - NOT withdraw and keep a reaction to himself or herself.
 - Always sit in the appropriate marked area at lunch allocated to campers with food allergies.

IDEAS Camp:

- Will have established plans that can safely include all campers.
- Camp staff ensures daily to make certain there is a clean and safe place to eat—free of any allergy-inducing material/food.
- Site Leader will shelter the rescue medication to be certain that it is not diminished in potency by storage in the health office.
- The camp staff will be in constant communication with the Site Leader on campus should an emergency arise.

* The only food item IDEAS Summer Camp provides to the campers is Fla-Vor-Ice Popsicle or Bubble Gum. This Popsicle contains the following ingredients: Water, High Fructose Corn Syrup; and Fruit Juices. The Bubble Gum contains the following ingredients: Sugar, Dextrose, Corn Syrup (Glucose), Gum Base, Tapioca Dextrin, Titanium Dioxide, Confectioners Glaze, Carnauba Wax, Corn Starch, Artificial Flavors, Artificial Colors, (FD&C Red 40, Blue 1, Yellow 5, Yellow 6, Red 3), BHT (to maintain freshness) Milk and Soy may be present

** For those campers who attend Extended Care, the After Care Snack is Pepperidge Farm Goldfish (regular flavor).

~ PLEASE PACK YOUR CAMPER'S SNACK OR LUNCH IN A BAG; AND THEN IN A ONE GALLON ZIP LOCK BAG FOR ADDED SAFETY ~