



Allergy Information

Form

Dear Parents/Guardians:

Our camp staff is prepared to work in partnership with you to manage your child's allergy. In order to do this, we require the following:

- ° complete the attached Emergency Allergy Alert form and return it to the Camp Co-ordinators
- ° assist camp staff by providing complete information concerning your child's allergies
- ° provide your child with an EpiPen during each day of camp (if applicable) and ensure that a new EpiPen replaces any that have expired

Thank-you for your co-operation with this very important matter. If you have any questions or concerns, please contact the Camp Co-ordinators at 520-2600 ext. 1012.

CAMPER INFORMATION

Name: _____ Age: _____

Parent(s)/Guardians(s): _____

Camp Session: 1 2 3 4 Leadership
Specialty Camp: _____

MEDICATIONS/PROCEDURES USED

Antihistamines

Explain dosage & precautions:

EpiPen

Other: _____

AUTHORIZATION AND RELEASE FOR THE ADMINISTRATION OF AN EPIPEN

I have requested that an EpiPen be administered in the event of an Anaphylaxis emergency.

I agree to provide Carleton University Sports Camp with a written updated medical statement whenever there is a change with respect to medication. It is further understood that keeping the camp staff informed is my responsibility. I

also understand that the Emergency Allergy Alert/Photo ID form will be made available to staff in order to keep the camp staff informed.

Although the camp staff will work hard to ensure an allergen-free environment, I recognize that Carleton University Sports Camp programs, facilities, staff, and support people are in no way able to ensure or promise a risk-free or allergen-free environment for my child.

Signature of Parent/Guardian

Date



Carleton University Sports Camp

FORM/PHOTO ID

EMERGENCY ALLERGY ALERT

Please return this form to one of the Camp Co-ordinators.

Name of Camper

EpiPen Expiry Date (Parents required to replace prior to expiry date)

ALLERGY DESCRIPTION

This child has a dangerous life-threatening allergy to the following substances:

AVOIDANCE IS THE KEY!

Please describe the situations in which your child will react to the allergen (ie. touch, inhalation, ingestion):

SYMPTOMS SPECIFIC TO YOUR CHILD

Any other medication to be given, with specific instructions:

please attach a current photo of your child here or email it to Sports_Camps@carleton.ca

Parent/Guardian and Emergency Contact Information:

Parent/Guardian Day Time Numbers:	Emergency Contact Numbers:

Parent/Guardian Signature

Date