

# Y Camp Allergy and Medical Emergency Care Plan 2018



**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 Parent 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 2018	Group Name (Buccaneer, Pioneer, Ranger, Explorers, Adventurer, Navigators, Specialty)	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/Guardian)	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: \_\_\_\_\_

**Have these medications been provided to Y Camp:**  Yes  No      If No, I understand that medications are not provided and will not be readily available for my camper. Parent Signature \_\_\_\_\_

**In order for the Y to administer medication a separate Medication Administration Form must be on file for each medication. This form can be found at [ymaryland.org](http://ymaryland.org)**

### 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\* (All medications listed below must be provided to Y Camp and accompanied by a Medication Administration form signed by a physician):

	Name of Medication	How to give	Amount	When to give/repeat
1. Medication given 1st				
2. Medication given 2nd				
3. Medication given 3rd				

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