

High Meadow Day Camp
Food Allergy / Allergy Plan of Care

High Meadow Day Camp personnel will activate the following Plan of Care for any camper with a known food allergy. All possible efforts will be made to avoid the specific allergen.

Camper Name _____ **DOB** _____

Specific Food Allergy _____

- If camper exhibits the following anaphylaxis symptoms, **911** will be called.
- The camper's specific medical orders will be activated and followed as prescribed.
- Parents/Guardian will be notified as quickly as possible.
- Camper will be transported to local ER for observation.

Symptoms of Anaphylaxis:

Chest tightness, cough, shortness of breath, wheezing, tightness in throat, difficulty in swallowing, hoarseness, swelling of lips, tongue, throat, itchy mouth, itchy skin, hives, and/or swelling, stomach cramps, vomiting, or diarrhea.

Parent/Guardian Acknowledgement _____

Camp Director _____

Camp Nurse _____

Counselor _____
