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LAST NAME

FIRST NAME

MIDDLE NAME/INITIAL

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DOCTOR'S NAME

DOCTOR'S PHONE NUMBER

HEALTH CARD NUMBER

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### LIFE THREATENING ALLERGEN:

FOOD

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INSECT OR ENVIRONMENTAL

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OTHER

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### MEDICATION MANAGEMENT:

DOSE 1:

LOCATION:

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DOSAGE:

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EPI-PEN  ALLERJECT  OTHER

DOSE 2:

LOCATION:

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DOSAGE:

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EPI-PEN  ALLERJECT  OTHER

### SIGNS & SYMPTOMS:

1. Skin – Hives, swelling (face, lips, tongue) itching, warmth, redness
2. Respiratory System – Coughing, Wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever symptoms, trouble swallowing
3. Gastrointestinal – nausea, pain or cramps, vomiting, diarrhea
4. Cardiovascular – pale skin, blue colour, weak pulse, passing out, dizziness, light-headedness, shock
5. Other – anxiety, sense of impending doom, headache, uterine cramps, metallic taste in mouth

### EMERGENCY PROTOCOL:

1. Give epinephrine auto-injector at first sign of a known or suspected anaphylactic reaction
2. Call 911 and inform dispatcher of situation
3. Give second dose of epinephrine after the first dose is patient does not improve or worsens
4. Get to nearest hospital (ideally by ambulance) even if symptoms are mild or have stopped.
5. Call Hoodoo Adventures (General Manager or Youth Program Manager) to contact emergency contacts.

The undersigned patient, parent, or guardian, authorizes any adult to administer epinephrine to the above named person in the event of an anaphylactic reaction. The patient's physician has recommended the above protocol, or attached an alternative.

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SIGNATURE

FULL NAME

DATE