

## Maroon Outdoor Education Centre

# ALLERGIC REACTION MANAGEMENT FORM

To help ensure the safety of your son / daughter it is essential that if they have any known allergies that this form is completed accurately and with as much detail as possible. All information will remain confidential to teachers and any relevant care and response personnel.

### PLEASE PRINT ALL DETAILS

NAME: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ DOCTOR'S PHONE No.: \_\_\_\_\_

**1. What may trigger an allergic reaction ? (Food, Pollen, Insect bites, Drugs, Antibiotics, etc.)**

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**2. What are the signs and symptoms if you do have an allergic reaction? (Rash, Swelling, Pain)**

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**3. What do you take to relieve the allergic reaction?**

**During the allergic reaction:**

Medication	Dosage

**After the allergic reaction:**

Medication	Dosage

**4. Is the reaction local (affecting an area less than 50 cm) or general (affecting different parts of the body)?**

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**5. If it is general, is the reaction life threatening (ie. Obstructs airway) or requires administration of Adrenaline?**

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**6. Do you carry an Adrenaline Injector (Epipen / Minijet syringe)? Please circle Yes No**

**7. Have you ever experienced an anaphylactic reaction or required an injection of Adrenaline?  
For what reason?**

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**8. If you have ticked YES to any of the questions in 5, 6 or 7 above, please indicate preferred action plan below:**

**Standard Allergic Reaction First Aid Plan** (Please tick the steps required)

<input type="checkbox"/>	Step 1	Monitor site for swelling.
<input type="checkbox"/>	Step 2	Apply ice.
<input type="checkbox"/>	Step 3	Administer anti-histamine.
<input type="checkbox"/>	Step 4	Monitor vital signs.
<input type="checkbox"/>	Step 5	Arrange for evacuation.
<input type="checkbox"/>	Step 6	If anaphylaxis administer epi-pen and claratyne.

**OR**

**My Child's Allergic Reaction First Aid Plan (Attached)**

**9. Is there anything else we should know about the participant's condition?**

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**IMPORTANT NOTES**

**If any of the Key Questions 5, 6, or 7 are responded to:**

- It is advised that you consult your doctor before attending camp.
- Your doctor may contact the teacher in charge of the camp at your school and/or Maroon Outdoor Education Centre (5463 6333).
- A letter from this person's doctor outlining the participant's allergic reaction management may accompany this form when it is returned. Included in the allergic reaction management plan could be the following:
  - Preventative steps to avoid allergic reaction.
  - Warning signs for the onset of a severe or anaphylactic allergic reaction.
  - Best strategies for obtaining relief.

**NOTES FOR DOCTORS:**

- Programs conducted at Maroon OEC involve a high level of physical activity and are conducted predominantly out of doors.
- Maroon OEC is a 30 minute drive from the nearest ambulance, doctor or hospital and, in some instances, the response time for medical attention may exceed 3 hours.
- When advised Maroon Outdoor Education Centre staff will carry anti-histamine tablets (brand/strength) and epi-pens in their first aid kits and are trained to an intermediate first aid level.

I declare that the information provided on this form is complete and correct.

**PARENT / GUARDIAN'S SIGNATURE:** .....

**DATE:** .....