

## MONMOUTH COUNTY PARK SYSTEM ALLERGY ACTION PLAN

Place Child's Picture Here

Participant's Name:		D.O.B		
Asthmatic: YES	NO	High Risk for Severe Reaction?	YES	NO
SIGNS OF AN AI	LLERGIC R	EACTION		
SYSTEMS:	SYMPTONS:	<u>:</u>		
• MOUTH	itching & swelli	ing of the lips, tongue, or mouth.		
• THROAT*	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough.			
• SKIN	hives, itchy rash, and/or swelling about the face or extremities.			
• GUT	nausea, abdominal cramps, vomiting and/or diarrhea.			
• LUNG*	shortness of breath, repetitive coughing and/or wheezing.			
• HEART*	"thready" pulse	e, passing out.		
1. If only sympton	m(s) are.	give		
THEN CALL: 2. Parent/Guardi	an 1	give		
THEN CALL: 2. Parent/Guardi EMERGENCY CO	an 1	Parent/Guardian 2		
THEN CALL: 2. Parent/Guardi EMERGENCY CO 3. Doctor	an 1 ONTACTS	Parent/Guardian 2at		
THEN CALL: 2. Parent/Guardi EMERGENCY CO 3. Doctor If condition does n	an 1 ONTACTS ot improve with	Parent/Guardian 2atatatatain 10 minutes, follow steps for a Major Rea		
THEN CALL: 2. Parent/Guardi EMERGENCY CO 3. Doctor If condition does n ACTION FOR A MAJ	an 1 ONTACTS ot improve with	Parent/Guardian 2 at at in 10 minutes, follow steps for a Major Rea		
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## MONMOUTH COUNTY PARK SYSTEM MEDICATION AUTHORIZATION FORM

Participant's Name:	Date of Birth:		
We highly recommend and encourage that medications be administered with supervision at a location where a camp is	eed to be administered with supervision during the dryl with epi-pen, epi-pen, or asthma inhaler) will		
1. All prescription and non-prescription medication (over the shall be labeled and stored in the original prescription continuous).			
2. All medication is maintained under staff supervision a medication. The only exception to this is Asthma inhalers clearly labeled with doctor's protocol.			
<b>3.</b> Parents/Guardians must sign the medication authorization	form below.		
Parental Request  I, the parent/guardian of medication prescribed by my child's physician be administered medications only such as epi-pens, benadryl with epi-pens or asthmedications for campers at Dorbrook Recreation Area). The national container appropriately labeled by my pharmacy.	ma inhalers) or the camp nurse (for other prescribed		
Signature of parent/guardian	Date		
Address	Home Phone Number		
City State Zip	Cellular Number		
Physician's Authorization			
In order to protect the health of, Following medication during camp hours.	it is necessary for him/her to have the		
MEDICATION:			
DOSAGE:			
TIME to be administered:			
Purnose of medication:			
List any possible side effects:			
I authorize the camp nurse or qualified staff member to administer			
Signature of Physician	Date		
Address	Revised 2/19		