



Camp Yedidim Preschool - Allergy Form

Child's name \_\_\_\_\_ Grade \_\_\_\_\_

Mother's cell \_\_\_\_\_ Father's cell \_\_\_\_\_

**Allergic to;**

Foods \_\_\_\_\_

Medications \_\_\_\_\_

Others (i.e. latex...) \_\_\_\_\_

**Emergency contact # (other than parent)** \_\_\_\_\_

What type of reaction may occur? \_\_\_\_\_

\_\_\_\_\_

**What action should be taken if child comes in contact with/ingests allergic item?**

- a.  Call Hatzala
- b.  Call parent immediately - emergency #s \_\_\_\_\_
- c.  Administer Epipen\*
- d.  Give benedryl (must send in official form and personalized bottle)
- e.  Keep under close observation (elaborate) \_\_\_\_\_
- f.  other (explain) \_\_\_\_\_

(If we may need to administer an Epipen, please make sure to get a release from your doctor's office)

Can child receive Benedryl?  What dosage? \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Please always inform the office if your son left for camp with some sort of reaction that you are aware of. We must know if your child already received medication, if her Dr. was contacted and what steps must be taken for the remainder of the day. **May all our children be healthy and safe!**