



\_\_\_\_\_

Scout's Name \_\_\_\_\_

Allergic to \_\_\_\_\_

|             |              |                 |
|-------------|--------------|-----------------|
| Troop _____ | Site _____   | Dates _____     |
| Age _____   | Weight _____ | Asthmatic _____ |

Scout can carry Epi-Pen with him: Yes \_\_\_ No \_\_\_

Scout can self administer Epi-Pen: Yes \_\_\_ No \_\_\_

Parent's Name \_\_\_\_\_

Parent's Emergency Phone \_\_\_\_\_

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

**Medications/Doses/Expirations**

Epi-Pen: \_\_\_\_\_

Antihistamine (brand and dose): \_\_\_\_\_

Extremely reactive to the following foods \_\_\_\_\_

\_\_\_\_\_

[ ] If checked, give Epi-Pen immediately for ANY symptoms if the allergy was likely eaten.

[ ] If checked, give Epi-Pen immediately if the allergy was definitely eaten, even if no symptoms are noted.

**What our camps will do:**

Before Camp:

- Meet with parents and Scouts to discuss menu options, storage and handling of food, etc.
- Maintain a book of all ingredients
- Upon request, send menu to parent/Scout

At Camp:

- Write allergens on the white board/menu board for each meal
- Store "Scout brought" food in a separate location
- Separately prepare and serve food for Scouts with a food allergy
- If needed, allow Scout to eat in an separate location

Questions?

Contact:

Food Service Manager at Camp

MASR  
973-347-3266  
973-765-9322 x 414

WSR  
973-765-9322 x 416

**Food Allergies/Sensitivities**



A guide outlining policies and guidelines regarding food allergies and sensitivities in our Patriots' Path Council summer camp operations.

A guide for parents and Scouts in the Patriots' Path Council.





### Family Responsibility

#### Before Camp:

- Become familiar with the camp's food allergy plan.
- Meet with the food service staff
- Identify a responsible adult or leader who is knowledgeable of campers needs

#### At Check-in:

- Notify the camp of your Scout's allergies
- Complete the form (attached) and present to the health officer with the medication (for review)
- Meet with the health officer
  - Discuss what happens if an exposure occurs, and time to onset of symptoms
  - Ensure the form is complete, with contact information
  - Ensure medication has not expired/gone bad
  - Review proper use of Epi-Pen

### Camper Responsibility

#### Before Camp:

- Become familiar with the camp's food allergy plan
- Become familiar with what food the camp serves, and what alternatives are available.

#### At Camp:

- NEVER trade food with other campers
- Do NOT eat anything with unknown ingredients
- Read ALL labels and check with an adult if it is appropriate to eat
- Alert an adult/staff/health officer of ANY reaction, no matter how mild
- Do NOT go off alone, especially if symptoms are beginning
- Know alternate locations where it is safe to eat
- Have awareness of potential allergen sources (kitchen, dining hall, trading post, etc.)



### Camp Responsibility

#### Before Camp:

- Make available storage areas for food brought in by Scout/parents
- Ensure all staff know how to contact the health officer/EMT
- Be aware of emergency procedures for medical emergencies, including allergies
- Be aware of the signs/symptoms of an allergic reaction, both mild and severe
- Assure that the health officer has the proper training including Epi-Pen administration

#### At Camp:

- Ensure that Scouts with food allergies are safely included in camp activities (cooking and food related activities)
- Be certain that all staff (especially food services staff) are aware of the campers with food allergies
- Notify the health officer of any Scouts with signs/symptoms of food allergies, both mild and severe
- Post "Allergen Zone" signage at key locations, including dining hall and trading post.
- Ensure medical history confidentiality of ALL Scouts and leaders

## POLICY/PROCEDURE

### Any SEVERE SYMPTOMS:

One/more of the following:

- LUNG: Short of breath, wheeze, repetitive cough
- HEART: Pale, blue, faint, weak pulse, dizzy, confused
- THROAT: Tight, hoarse, trouble breathing/swallowing
- MOUTH: Obstructive swelling (tongue and/or lips)
- SKIN: Many hives over body

Or **combination** of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
- GUT: Vomiting, diarrhea, crampy pain



#### 1. INJECT EPI-PEN

2. Call 911
3. Begin monitoring
4. Give additional meds: Antihistamine/Inhaler if asthmatic

\*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis).  
USE EPINEPHRINE.

### MILD SYMPTOMS ONLY:

- MOUTH: Itchy mouth
- SKIN: A few hives around mouth/face, mild itch
- GUT: Mild nausea/discomfort



#### 1. GIVE ANTIHISTAMINE

2. Stay with Scout; call 9-1-1 and parent
3. If symptoms progress (above), USE Epi-Pen
4. Begin monitoring

### Monitoring

**Stay with Scout; call 9-1-1 and parent.** Tell EMS that Epi-Pen was administered. Note time and dose. Treat Scout even if parent's cannot be reached.

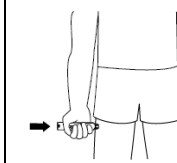
#### EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case

- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



DEY® and the Dey logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Dey Pharma, L.P.

#### Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



Remove GREY caps labeled "1" and "2."

Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

