



Allergy Alert Form

Please Insert a Current
picture of your Child HERE
OR
E-mail it attached with this
document to:
info@camplubavitch.ca

CAMPER INFORMATION

Name: _____ Age: _____
Gender (circle): F / M; D.O.B:(MM/DD/YYYY) ____/____/____
Health Card Number: _____ - _____
Camp session (circle): July / August / Full Summer
Camp Division (circle): S.A Boys / S.A Girls / CIT / BCM / Preschool / Tiny Tots

ALLERGY DESCRIPTION

This child has an (circle one):
allergy /OR/ dangerous life-threatening allergy
to the following substances: (circle one:) touch,
inhalation/smell,or ingestion/eat):

SYMPTOMS SPECIFIC TO YOUR CHILD

Please describe what symptoms we should be
aware of (ie: hives, shortness of breath,
swelling ect):

PROCEDURES USED IN CASE OF EMERGENCY

(check one or both)

Antihistamines or other (ie: Benadryl).

Explain dosage and precautions:

EpiPen: You MUST provide your child with an
EpiPen during each day of camp.

EpiPen Expiration Date:

Must be replaced prior to expiry date

_____/_____/_____
(MM/DD/YYYY)

Authorization and release for the administration of an epipen

I give authorization for an epipen be administered in the event of an anaphylaxis emergency.

EMERGENCY CONTACT INFORMATION

Fathers name: _____ Cell #: _____

Mothers name: _____ Cell #: _____

Family Doctor: _____ Office #: _____

Emergency Contact 1: Name: _____ Daytime #: _____

Relation to child: _____

Emergency Contact 2: Name: _____ Daytime #: _____

Relation to child: _____

Parent/Guardian Signature: _____ Date: (MM/DD/YYYY) ____/____/____