



ALLERGY MANAGEMENT FORM

Please complete this form ONLY if your child will be bringing an Epi-Pen to Youth Camp.

Submit this form with an accompanying Medical Checklist by April 1, 2019.

Child's Name: _____ Date of Birth: _____

Emergency Contact: _____ Phone Number: _____

Physician Child Sees for Allergies: _____

Physician's Phone Number: _____

Allergy to: _____

Symptoms: _____

Medication: _____

Dosage: _____

Instructions for Administration of Medication: _____

****Please note: if there any changes to medication/dosage prior to Camp, you are responsible to contact the registrar.**

If you are sending an Epi-Pen with your child to Youth Camp, they will be expected to wear it **at all times**. Please discuss this with your child and send a carrying pouch so that the Epi-Pen can easily be carried by your child.

We will be posting in a central location, photos of children that have life-threatening allergies, with accompanying instructions (as is done in educational facilities). Please send a digital photo to:

Kate Abel: registration@christadelphianmyc.com

I, _____, authorize any adult to administer the necessary medication to my child in the event of an anaphylactic reaction, as described above.

Parent/Guardian Signature: _____ **Date:** _____