



## ALLERGY FORM

Camper's/Staff's Name: \_\_\_\_\_

Group youth is at camp with (if applicable): \_\_\_\_\_

**What is the youth/are you allergic to?** Please give specific details below:

- |   |  |
|---|--|
| <input type="checkbox"/> Food (fill out Dietary Needs Form) | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Insects                            | <input type="checkbox"/> Medications   |
| <input type="checkbox"/> Wasps/bees                         | <input type="checkbox"/> Other (list)  |

Details of specific allergen:

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**Allergic reactions:**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Wheezing    | <input type="checkbox"/> Swollen lips/throat/tongue |
| <input type="checkbox"/> Rash        | <input type="checkbox"/> Shortness of breath        |
| <input type="checkbox"/> Hives       | <input type="checkbox"/> Nausea and/or vomiting     |
| <input type="checkbox"/> Stuffy nose | <input type="checkbox"/> Other _____                |
| <input type="checkbox"/> Watery eyes |   |

**Treatments used with previous reactions:**

- Epipen
- Benadryl
- Benadryl then Epipen
- Other - describe \_\_\_\_\_
- There has not been a reaction where any treatment was used

**Camper/staff knowledge and autonomy (as applicable):**

- Carries his/her own Epipen at all times
- Someone else is always responsible for the Epipen
- Has used the Epipen himself/herself

Knowledge/understanding of how to check for allergic substances, what to look for, knows the questions to ask, etc:

- Limited
- Fair
- Good

How many Epipens has the camper brought to camp? one\_\_ two\_\_ >two\_\_

**Any other information we need to know?**

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