

# ANNE ARUNDEL COMMUNITY COLLEGE – KIDS IN COLLEGE

## ANAPHYLAXIS TREATMENT PLAN AND PHYSICIAN'S ORDER FORM

Camper Name: _____	DOB: _____

### CAMPER ALLERGY HISTORY:

<b>1. Has this camper had an anaphylactic reaction?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>2. What is this camper allergic to?</b>	<input type="checkbox"/> Dairy	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Soy	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Eggs	<input type="checkbox"/> Sesame	<input type="checkbox"/> Sting	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Fin Fish	<input type="checkbox"/> Shellfish	<input type="checkbox"/> Tree Nuts	<input type="checkbox"/> Other: _____
<b>3. Has the camper and family been educated about the avoidance of the offending agent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>4. Has the camper and family been educated in the indications for EpiPen/EpiPen Jr administration, checking outdated medicine, and storing the EpiPen/EpiPen Jr?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>5. If insect bite, has camper had venom testing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Has camper been desensitized to the venom?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>6. Does camper have a medical alert bracelet?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>7. In your opinion, is this camper able to safely self-administer the EpiPen/EpiPen Jr?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>8. In your opinion, is this camper able to safely participate in a culinary camp?</b>				

### AACC – KIDS IN COLLEGE EPIPEN PROTOCOL:

**AACC cannot provide a peanut/nut free environment. If an allergic reaction is suspected staff will administer epi pen, contact the public safety office and the college nurse. Public Safety will contact 911. Parents will be contacted by staff.**

<b>2. Camper dose (check one):</b>	<input type="checkbox"/> EpiPen Jr 0.15mg
	<input type="checkbox"/> EpiPen 0.30 mg

**5. Do you agree with the above treatment plan?**     Yes     No

<b>Date:</b> _____	<b>Prescriber's Signature:</b> _____
--------------------	--------------------------------------

<b>Printed Name:</b> _____	<b>Phone:</b> _____
----------------------------	---------------------

**Please return this form to:** Beth Mays, Anne Arundel Community College  
 101 College Parkway SUN 120, Arnold, MD 21012  
 Questions? Please contact Beth Mays at 410-777-2480 or bamays@aacc.edu