



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Date \_\_\_\_\_ OTHER

Sessions: \_\_\_\_\_ PVW \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 SP Camp \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Known Allergies: \_\_\_\_\_ NKA

Concern: \_\_\_\_\_

**Action steps:**

- Observe: \_\_\_\_\_
- Notify the Camp Director or Designee
- Notify the parent/legal guardian
- Complete an accident / *incident* report PRN

**Additional plan** for me: \_\_\_\_\_

***IF an ANAPHYLACTIC REACTION begins to occur:***

- ***Administer the Epi-Pen if ordered;***
- ***Call 911,***
- ***Accompany the child in the ambulance if necessary.***

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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