

Community College of Baltimore County  
 Summer Learning Adventures Camp  
 Anaphylaxis Treatment Plan and Physician's Order Form

<b>Camper Name:</b> _____	<b>DOB:</b> _____
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**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 the 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 Has the camper and family been educated in the indications for EpiPen/EpiPen Jr administration, checking outdated medicine, and storing the EpiPen/ EpiPen Jr?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> <input type="checkbox"/> Yes <input type="checkbox"/> No				

**CCBC Summer Learning Adventures Camp – EpiPen Protocol**

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

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

Do you agree with the above treatment plan?  Yes  No

Date: _____	Prescriber's Signature: _____
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Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please return this form to: CCBC Summer Learning Adventures Camp  
 Camp Director Michelle McCallum  
 7201 Rossville Blvd., BESS115  
 Baltimore, MD 21237

**For additional questions please contact:** Michelle McCallum at 443-840-1925 or mmccallum@ccbcmd.edu