



Tamarack Nature Center Epinephrine and Benadryl Medication Order and Consent Form

5287 Otter Lake Road, White Bear Township, MN 55110
Phone: (651) 266-0360 • Fax (651) 266-0359

Medication Order for Treatment of Anaphylaxis using Epinephrine and/or Benadryl BY UNLICENSED STAFF OR PERSONNEL IN THE ABSENCE OF A LICENSED HEALTHCARE PROVIDER

If your child needs Epinephrine and/or Benadryl please have your physician complete this form and return it to Tamarack Nature Center prior to first camp start date or bring it with you on the first day. Completed forms will be kept on file for the current camp year.

Child's Name: _____ Date of Birth _____ Gender: _____

Address: _____
Street City State Zip

The above named child has a hypersensitivity to: _____

This child is at risk for an anaphylactic reaction. The child carries Epinephrine via Epi-pen which should be administered for treatment and/or Benadryl given as ordered:

_____ Administer EpiPen® (epinephrine)(0.3 mg) _____ Administer EpiPen Jr® (epinephrine)(0.15 mg)

_____ Administer Benadryl® (diphenhydramine): Dose _____ Route: _____ Frequency _____

TREATMENT PROTOCOL:

If an exposure occurs, or is suspected to have occurred, treatment should begin immediately and parents notified.

_____ Benadryl® (diphenhydramine) should be administered following exposure.

_____ Epinephrine should be administered immediately following exposure, regardless of symptoms.

_____ Child should be monitored and epinephrine should be administered if the student develops symptoms consistent with a generalized reaction as described below:

- shortness of breath, wheezing, any difficulty breathing
- cough
- rash, hives
- itching
- swelling of lips, tongue, mouth
- general flushing
- nausea, vomiting, abdominal cramps, diarrhea
- anxiety
- other symptoms, specific to this child _____

If symptoms do not improve within _____, call 911.

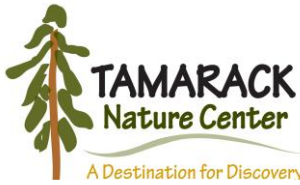
Licensed Prescriber's Signature

Date

Print name

Clinic Name

(_____)_____
Clinic Number



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Parent/Guardian Permission for Treatment of Anaphylaxis using Epinephrine and/or Benadryl BY UNLICENSED STAFF OR PERSONNEL IN THE ABSENCE OF A LICENSED HEALTHCARE PROVIDER

If your child needs Epinephrine (Epi-Pen) please complete this form and return it to Tamarack Nature Center prior to first camp start date or bring it with you on the first day. Completed forms will be kept on file for the current camp year.

Child's Name: _____ Birthdate _____ Camp(s) Registered: _____

Address: _____
Street City State Zip

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Other Phone: _____

If parent/guardian is unavailable in emergency, contact:

Name: _____

Phone(s) _____

Relationship to Child: _____

My son/daughter has the following allergy(s) which may require treatment with epinephrine (Epi-pen) and/or Benadryl[®] (diphenhydramine) according to my child's physician: _____

By signing this form, I hereby give permission to allow the administration of epinephrine by auto-injection (Epi-pen) and/or Benadryl[®] (diphenhydramine) administration in the absence of a licensed health provider by an unlicensed staff member or personnel of Tamarack Nature Center who has been trained in administration of Epi-pen and Benadryl[®] (diphenhydramine) administration in the event of an emergency of my son/daughter. I also allow Tamarack Staff and Personnel to share with appropriate medical personnel, information relative to this medication administration plan and/or event.

Parent/Guardian Signature Date

Please return completed form to:

Day Camp Coordinator
TAMARACK NATURE CENTER
5287 Otter Lake Road, White Bear Township, MN 55110
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