



Tamarack Nature Center Epinephrine and Benadryl Medication Order and Consent Form

5287 Otter Lake Road, White Bear Township, MN 55110
Phone: (651) 407-5350 • Fax (651) 407-5354

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 2 weeks prior to first camp start date. 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.

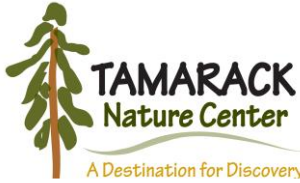
_____ Child should be monitored and epinephrine should be administered if the student develops symptoms consistent with a generalized reaction as described below:

- 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

(_____)_____



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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 at least 2 weeks prior to first camp start date. 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
Phone (651) 407-5350