



# TOWNSHIP OF SOUTH BRUNSWICK

Municipal Building • P.O. Box 190 • Monmouth Junction, NJ 08852-0190  
**DEPARTMENT OF PARKS AND RECREATION**  
732-329-4000 EXT. 7671      email: [recreation@sbtnj.net](mailto:recreation@sbtnj.net)

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| Phone<br>732-329-4000<br>TDD<br>732-329-2017 |
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## Re: Anaphylaxis Action Plan for Allergies and Epi-Pens at Camp

Dear Parent/Guardian,

Thank you for the notification that your child will be bringing an Epi-Pen and/or medication with them to a South Brunswick Parks and Recreation Program. We would like to advise you of our procedures with regard to anaphylactic reactions. Enclosed you will find an **Anaphylaxis Action Plan** sheet. In order for your child to participate in their chosen program(s), this form **MUST** be filled out completely and returned to the Parks and Recreation Department office prior to the program start date.

Parents/Guardians are **required** to:

1. Advise the Parks and Recreation staff member that their child will have an epinephrine auto injector device (epi-pen) or medications with them on site. Discuss this with supervisory personnel.
2. **Complete an Anaphylaxis Action Plan Sheet. (attached)**
3. Sign the Anaphylaxis Action Plan that would permit staff to assist in the administration of the epinephrine or medication in the case of an emergency.

When the child arrives on site, with an Epi-Pen or medication, the staff / instructors will:

1. Ensure that they have a completed copy of the paperwork.
2. Ensure the child is carrying a non-expired Epi-Pen or medication.
3. Ask the parents to review the Anaphylaxis Action Plan and ensure comprehension of the following:
  - What the child is allergic to
  - What symptoms will the child display in the event of an anaphylactic reaction
  - Where on the child the injection should be administered
  - How the staff/ instructors can assist in the administration of the Epi-Pen or medications.

In the event of an anaphylactic reaction:

1. The staff can provide assistance to the child as he/she injects him/herself **or** the staff can administer the Epi-Pen if the child is unable to do so. Please note that staff are not trained medical professionals and will administer the Epi-Pen to the best of their ability.
2. Staff will call 911 immediately to have an ambulance come to the site.
3. Staff will call parents/guardians to inform them of the incident and to inform them that the child is being taken to the hospital.
4. Staff will accompany the child to the hospital.

Thank you for the taking the time to read and complete this information. If you have any further questions please feel free to contact the Parks and Recreation Department @732-329-4000 x7671.



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## ANAPHYLAXIS ACTION PLAN (severe allergic reactions)

This is due a week prior to participating at camp/program.

Program/Activity \_\_\_\_\_ Location \_\_\_\_\_  
Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_  
Physician: \_\_\_\_\_ Work# \_\_\_\_\_

My child is allergic to: \_\_\_\_\_

### MY CHILD'S ANAPHYLAXIS SYMPTOMS ARE (Select all that apply):

- Swelling (eyes, lips, face, tongue)
- Vomiting
- Difficulty breathing or swallowing
- Coughing or choking
- Cold clammy, sweaty skin
- Stomach cramps/diarrhea
- Fainting or loss of consciousness
- Flushed face or body
- Dizziness, confusion
- Change of voice
- Other (list) \_\_\_\_\_

### MY CHILD'S EMERGENCY TREATMENT IS:

\_\_\_\_\_

Anti-histamine (with precise measuring instrument- specific brand and dosage) \_\_\_\_\_

Epi-Pen Expiration Date \_\_\_\_\_ **NOTE: (Epi-pen must be provided and not expired)**

### MEDICATION STORAGE:

I prefer my child's medication be stored:

- Inside the building in the camp office
- In a first aid kit with a counselor in my child's group

### STAFF PLAN

1. CALL 911 AND TELL THE DISPATCHER THAT A CHILD IS HAVING A LIFE THREATENING ANAPHYLACTIC REACTION
2. CALL PARENTS OR GUARDIANS
3. OTHER INSTRUCTIONS \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STAFF/INSTRUCTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_