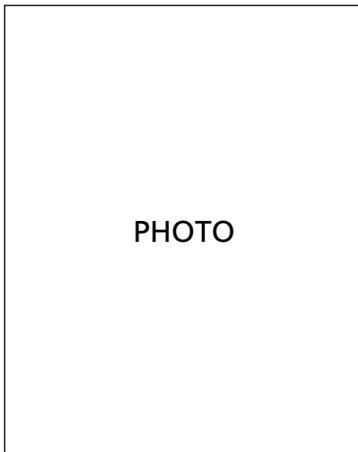


Anaphylaxis Emergency Plan: _____ (name)

This person has a potentially life-threatening allergy (anaphylaxis) to:



(Check the appropriate boxes.)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Peanut | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tree nuts | <input type="checkbox"/> Insect stings |
| <input type="checkbox"/> Egg | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Medication: _____ |

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a "may contain" warning.

Epinephrine Auto-Injector: Expiry Date: _____ / _____

Dosage: EpiPen® Jr 0.15 mg EpiPen® 0.30 mg
 Twinject® 0.15 mg Twinject® 0.30 mg

Location of Auto-Injector(s): _____

- Previous anaphylactic reaction:** Person is at greater risk.
- Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin system:** hives, swelling, itching, warmth, redness, rash
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal system (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of "impending doom", headache, uterine cramps, metallic taste

Early recognition of symptoms and immediate treatment could save a person's life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (e.g. EpiPen® or Twinject®) at the first sign of a known or suspected anaphylactic reaction. (See attached instruction sheet.)
2. **Call 9-1-1** or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. **Give a second dose of epinephrine** in 5 to 15 minutes **IF** the reaction continues or worsens.
4. **Go to the nearest hospital immediately (ideally by ambulance)**, even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4 hours).
5. **Call emergency contact person (e.g. parent, guardian).**

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

Patient/Parent/Guardian Signature

Date

Physician Signature On file

Date



Schedule to Anaphylaxis and Serious Medical Condition Alerts

Acknowledgment and Assumption of Risk

WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE

The undersigned are the parents of _____, a camper for the 2017 season at Camp Northland B'nai-Brith ['Camp']. I am aware of the dangers and the risks to my child being in a residential camp environment, and in particular while at or under the care of Camp staff. All of the relevant medical conditions have been fully disclosed to Camp.

I understand that there can be certain risks to my child's physical health since s/he has a condition described as: _____. I also understand that there are potential risks of which I may not presently be aware. Because of the potential risks, and acknowledging that Camp is located in a remote location away from cities and hospitals, the closest being Haliburton, Ontario, immediate advanced emergency medical care is not always achievable. I hereby declare that I will not hold the camp, or The Jewish Camp Council of Toronto, liable for any loss or damages that might be encountered/suffered as a result of my child's current health and/or medical condition. Despite providing medical care in its internal Health Centre, The Jewish Camp Council of Toronto, and in particular, Camp has no responsibility or liability for injury or illness. I voluntarily permit my child to participate being cognizant of the possible danger and risks involved, and I hereby agree to accept and assume any and all risks of personal injury, or death.

In consideration of allowing my child to attend Camp, and the sum of \$1.00 the sufficiency which is hereby accepted and acknowledged, I forever: [a] waive, release, and discharge The Jewish Camp Council of Toronto, Camp and their respective agencies, officers, directors, and employees from any and all negligence and liability for my child's death, disability, personal injury, or claims of any nature which may hereafter occur to my child as a direct or indirect result of participating in camp; and [b] agree to defend, indemnify, and hold harmless Camp and its agencies, officers and employees, from and against any and all claims of any nature including all costs, expenses and legal fees, which in any manner result from the participant's stay in Camp, or when under the care and supervision of camp whether on site in Camp or any related field trips or otherwise.

I hereby consent that my child can receive the medical treatment which may be deemed advisable in the event of injury, accident or illness during my child's stay in camp, or while under the care and supervision of camp staff.

This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law. I, the undersigned parent/guardian, affirm that I am freely signing this agreement on behalf of my child.

I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any damages, losses or causes of action my child may sustain, and/or be entitled to as a result of attending Camp and any of its programs.

I agree that if any portion of this document is held invalid, the remainder will continue in full legal force and effect.

IMPORTANT: CAMP NORTHLAND IS A ‘NUT-AWARE’ CAMP

Camp Northland has always attempted to order foods that are “peanut aware”. However, we cannot attempt to eliminate peanuts or tree nuts (“nuts”) entirely from camp i.e. the camp cannot be ‘nut free’. After research and consultation—speaking with campers, families, staff, caterers, other camp directors and our Camp Association—we believe that our camp community benefits from being able to include campers with nut allergies in an anxiety-reduced environment rather than attempting to eliminate peanuts or tree nuts entirely from camp.

In an effort to heighten this awareness:

- Our dining hall and kitchen is a ‘nut-aware’ space. Please note that the camp is not and cannot be ‘nut free’. Foods served by our dining hall will not contain any nut products in the ingredients, although some items do use phrases like “may contain nuts, peanuts or tree nuts ” or “cooked in a facility that also manufactures nuts, peanuts or tree nuts”, or some variation of the above phrases.
- We ensure that items most commonly exposed to “cross contamination” in the manufacturing process (i.e. chocolate bars, ice cream, granola bars, etc.) are labeled “nut free” but please note that different manufacturers may treat language around nuts, peanuts and/or tree nuts differently. Campers with allergies should always check ingredients.
- Peanut butter will not be available at camp.
- No outside foods are permitted in the dining hall.

If your child has a nut allergy, please educate them to be vigilant in understanding these realities of the camp environment and to always check ingredients before eating a product not known to be safe for them and their particular allergy.

If you as a parent or guardian are sending food with your child on any camp trip, function, bus ride, event, or otherwise it must be kosher and we expect it to be ‘nut free’. Products that are labeled as “safe to share” or ‘Peanut and Tree Nut free’ should be preferred over those that use language like “may contain traces of nuts.” We recognize that finding foods that are completely “nut free”, especially ‘nut free’ and kosher, can be difficult; however your added sensitivity when doing camp shopping is greatly appreciated.

Last updated: February 2017

READ BEFORE SIGNING

Name: _____ Date: _____

Signature: _____ Relationship: _____

Witness Name _____ Witness Signature _____

Name: _____ Date: _____

Signature: _____ Relationship: _____

Witness Name _____ Witness Signature _____