



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**Date** \_\_\_\_\_

**ALLERGY**

Sessions: \_\_\_\_\_ PVW \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Specialty Camp \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**I am allergic to** \_\_\_\_\_ Seasonal Allergies \_\_\_\_\_ Nuts \_\_\_\_\_ Bees

Other: \_\_\_\_\_

- Have me sit down and calm down
- Observe Respiratory status
- Administer \_\_\_\_\_ Epi-Pen \_\_\_\_\_ Benadryl
- Call 911
- Other: \_\_\_\_\_
- \_\_\_\_\_

**Action steps:**

- Observe:  
\_\_\_\_\_
- Notify the Camp Director or Designee \_\_\_\_\_
- Notify the parent/legal guardian
- Complete an accident / *incident* report PRN

**Additional plan for me:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Nurse Name/Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MERIDEN YMCA**

110 West Main Street Meriden, CT 06451

**P** 203-235-6386 **F** 203-634-6517

**www.meridenymca.org**

Become a fan on facebook at YMCA.Meriden



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Print Name	Signature	Date	Print Name	Signature	Date

**MERIDEN YMCA**  
110 West Main Street Meriden, CT 06451  
**P** 203-235-6386 **F** 203-634-6517  
**www.meridenymca.org**  
Become a fan on facebook at YMCA.Meriden