



# ROBSI SUMMER CAMP

## RIDEAU-OTTAWA BAHÁ'Í SCHOOLS INITIATIVE

Operated under the auspices of the Ontario Bahá'í Council,  
a body of the National Spiritual Assembly of the Bahá'ís of Canada.  
Charitable Registration. Number. 119051944RR0001,  
7200 Leslie Street, Thornhill, ON L3T 6L8

### Medical Waiver and Actions for Severe Life-Threatening Allergies

**Note: Each camper who requires an EpiPen® must carry one on them at all times and an extra EpiPen® must be deposited with the Camp Director or Medical Officer.**

#### To be completed by parent or guardian:

Name of Camper: \_\_\_\_\_

I (parent/guardian) \_\_\_\_\_ acknowledge that ROBSI camps are located in rural locations and therefore increased travel time to the nearest hospital may be required. I am also aware that in the event of my child experiencing a possible, although highly unlikely anaphylactic reaction requiring hospitalization that he/she may be at increased health risk due to possible delay in reaching the nearest hospital.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

#### Alternate contact if the parent or guardian is not available in an emergency:

Note: Contact must be able to come to camp location if required.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(First) (Middle) (Last)

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

#### To be completed by Allergist/Physician:

Name of Camper: \_\_\_\_\_ has anaphylactic allergic reactions to:

The taste or ingestion of \_\_\_\_\_

Skin contact with: \_\_\_\_\_

Smell of: \_\_\_\_\_

Other \_\_\_\_\_

#### Symptoms to watch for:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Difficulty Swallowing | <input type="checkbox"/> Vomiting                       | <input type="checkbox"/> Change of Color          | <input type="checkbox"/> Change of Voice |
| <input type="checkbox"/> Itching               | <input type="checkbox"/> Hives                          | <input type="checkbox"/> Coughing/Throat Clearing | <input type="checkbox"/> Stomach Cramps  |
| <input type="checkbox"/> Swelling              | <input type="checkbox"/> Diarrhea                       | <input type="checkbox"/> Watery Red Eyes          | <input type="checkbox"/> Sense of Doom   |
| <input type="checkbox"/> Difficulty Breathing  | <input type="checkbox"/> Throat Tightness/Closing       | <input type="checkbox"/> Dizziness                | <input type="checkbox"/> Runny Nose      |
| <input type="checkbox"/> Wheezing              | <input type="checkbox"/> Fainting/Loss of Consciousness |   |  |

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

Actions to be taken: \_\_\_\_\_

Allergist/Physician Name: \_\_\_\_\_

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

**STAFF INSTRUCTIONS ON REVERSE**

**ROBSI SUMMER CAMP  
RIDEAU-OTTAWA BAHÁ'Í SCHOOLS**

**Medical Waiver and Actions for Severe Life-Threatening Allergies**

**STAFF INSTRUCTIONS**

**Note: Each camper who requires an EpiPen® must carry one on them at all times and an extra EpiPen® must be deposited with the Camp Director or Medical Officer.**

**WARNING:**

1. Symptoms do not always occur in the same order or intensity even in the same individual.
2. Time from onset of the first symptoms to death can be as little as a few minutes if the reaction is not treated.
3. Even when symptoms have subsided after initial treatment, symptoms can return as much as eight hours after exposure.

**GENERAL COURSE OF ACTION:**

If there is ANY suspicion that the camper has been exposed to a life-threatening allergen or is displaying any of the symptoms noted on the other side of this document:

1. Administer EpiPen® medication at once.
2. Call 911 immediately.
3. Advise the Camp Director and/or Medical Director ASAP.
4. Immediately arrange for transportation to hospital with two adults in the vehicle.
5. Retrieve the spare EpiPen® to take in the car to the hospital.
6. Take the camper to hospital immediately, allowing him/her to rest as quietly as possible.
7. Monitor the camper very closely. If the symptoms have not subsided to minor irritants or if they begin to build back up again, administer second EpiPen® 10-15 minutes after first dose.
8. Telephone parent or guardian to advise of situation. If not available, contact alternate contact person.

**NOTE:**

Any EpiPen® used must be replaced immediately  
as the camper may need it another day.