



## 2019 EC Camps Food Allergy Information Form

We are busy planning some great activities for this coming summer. As always, safety is our number one priority. We need your help to make your child's experience both fun and safe.

Please complete the form below only if your child has a **medically diagnosed food allergy**. This information will be kept confidential and only provided to appropriate staff on a need to know basis.

**PLEASE RETURN THIS FORM BY THE FIRST DAY OF CAMP – JUNE 24<sup>th</sup>**

Child's Name: \_\_\_\_\_ EC Camp Attending: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Food Allergy (1): \_\_\_\_\_

Reaction to:  
Ingestion \_\_\_\_\_

Touch \_\_\_\_\_

Smell \_\_\_\_\_

Food Allergy (2): \_\_\_\_\_

Reaction to:  
Ingestion \_\_\_\_\_

Touch \_\_\_\_\_

Smell \_\_\_\_\_

Food Allergy (3): \_\_\_\_\_

Reaction to:  
Ingestion \_\_\_\_\_

Touch \_\_\_\_\_

Smell \_\_\_\_\_

Child's Name: \_\_\_\_\_

Food Allergy (4): \_\_\_\_\_

Reaction to:

Ingestion \_\_\_\_\_

Touch \_\_\_\_\_

Smell \_\_\_\_\_

1) Will your child need to eat lunch: \_\_\_\_ in a peanut free area?

2) Can your child eat a recipe made with egg substitute: \_\_\_\_ Yes \_\_\_\_ No

3) Will you be sending an Epi-Pen to be kept in the office: \_\_\_\_ Yes \_\_\_\_ No

4) Is there a history of an anaphylactic reaction: \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

6) Emergency Medical Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_