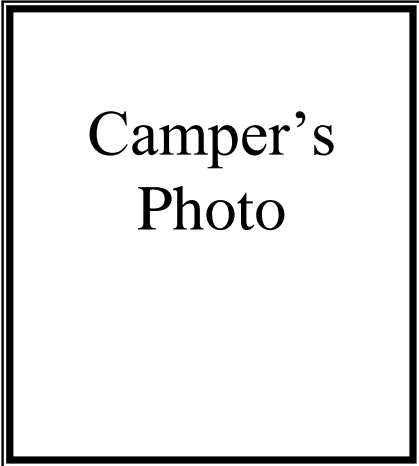




Gan Israel Day Camp Allergy Protocol

770 Howes Lane
Columbia, MD 21044
410-740-2424
GanIsrael@comcast.net



Name of Camper: _____

Allergies: _____

Nature of Reaction:

Hayfever: _____ Anaphylaxis: _____ Other (specify): _____

These allergies occur:

___ On Contact ___ When Ingested ___ When Inhaled ___ Other (Specify) _____

Symptoms (please indicate the symptoms to watch for):

Current Medical Treatment:

None: _____ Non-prescription medication: _____

Prescription medication (specify): _____

Management Ability:

Camper Can recognize and treat reaction on own: _____

Camper needs assistance by adult or medical person: _____

Specify: _____

Please specify a Course of Action to be taken by Camp Gan Israel in case of an allergic reaction:

Parental Authorizations:

I authorize the posting of my child's picture in the camp for the purposes of this protocol. I further authorize the staff of Camp Gan Israel to administer to my child the following medication(s)

_____.

Parent's/Guardian's Signature _____ **Date** _____