

# CTY Allergy Action Plan 2024

An Allergy Action Plan is required for students bringing epinephrine to CTY. The following information will be shared with all staff members working with your child.

**Instructions:** Complete this form by **May 15<sup>th</sup>** and upload it to the Allergies & Asthma Section of your child's CampDoc CTY Medical form. You may submit an Allergy Action Plan the student uses during the school year if it is signed by a physician in place of this form. Form must be signed by treating physician within last 2 years.

CTY Student ID: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Program Site: \_\_\_\_\_

Session: ☐ Session 1 ☐ Session 2 ☐ Both

Weight: \_\_\_\_\_ lbs/kg

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Allergy to: \_\_\_\_\_

Does your child have asthma? ☐ Yes (If yes, there is a higher risk of reaction.) ☐ No

## Treatment Information

Do not depend upon inhalers/bronchodilators and antihistamines to treat a severe allergic reaction (anaphylaxis).  
→ **Use epinephrine.**

	<ol style="list-style-type: none"><li><b>1. Inject epinephrine immediately</b></li><li><b>2. Call 9-1-1.</b> Tell dispatcher you have given epinephrine and request an ambulance with epinephrine.<ul style="list-style-type: none"><li>Consider giving additional medications (following or with the epinephrine):<ul style="list-style-type: none"><li>Antihistamine</li><li>Inhaler (bronchodilator), if wheezing</li></ul></li><li><b>Stay with student; have someone alert site nurse if you cannot yourself.</b></li><li>If symptoms persist or recur five minutes or more after the first dose of epinephrine, give a second dose. Treat the student even if parents/guardians cannot be reached.</li><li>Alert emergency contacts.</li><li>Transport student to ER even if symptoms resolve. Student should remain in ER for 4+ hours as symptoms may return.</li></ul><p><b>When in doubt, use epinephrine. Symptoms can rapidly become more severe.</b></p></li></ol>
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<b>For MILD Symptoms Only</b>	<p><b>When in doubt, give epinephrine.</b> For MILD SYMPTOMS from MORE THAN ONE system area, give epinephrine.</p> <ol style="list-style-type: none"><li>Give antihistamine, if ordered by physician.</li><li>Stay with child. Alert site nurse.</li><li>Ensure emergency contacts are alerted.</li><li>IF SYMPTOMS PROGRESS (see above), GIVE EPINEPHRINE.</li></ol>
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**Special Directions:** ☐ If checked, give epinephrine for **ANY** symptoms if the allergen was **likely** eaten.  
☐ If checked, give epinephrine **before any symptoms** if the allergen was **definitely** eaten.

**Epinephrine Auto-Injector Permissions:** Student may self-carry epinephrine auto-injector? ☐ Yes ☐ No  
Student may self-administer epinephrine? ☐ Yes ☐ No

**Medications/Doses** (must also be listed on the CTY Medical Form)

Epinephrine (brand and dose): \_\_\_\_\_ Other (e.g., inhaler-bronchodilator if asthmatic): \_\_\_\_\_

Antihistamine (brand and dose): \_\_\_\_\_

Student Name: \_\_\_\_\_ Student CTY ID: \_\_\_\_\_

## Parent/Guardian and Physician Authorization

**Parent:** I approve of this Allergy Action Plan. I give permission to CTY staff to perform and carry out tasks as outlined understanding that steps may not be followed exactly and adapted based on trained staff judgment and/or consultation with parent/physician. I consent to the release of the information on this form to all staff members and others who may need to be informed to maintain my child's health and safety. I have reviewed this information with my child's physician.

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

**Physician/Allergist:** I have reviewed this form and approve treatment as outlined understanding that in the event of an emergency steps may not be followed exactly and adapted based on trained staff judgment and/or consultation with parent/physician.

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

Physician/Allergist Phone Number: \_\_\_\_\_

## Student Agreement

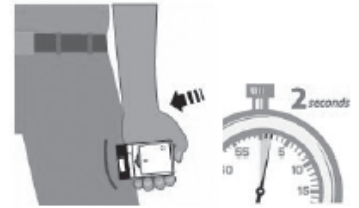
- I will not share my medication with other students or leave my auto-injector unattended.
- I will not use my allergy medications for any other use than what they have been prescribed for.
- I will notify an adult (RA/PA, TA, instructor, CTY administrator) IMMEDIATELY if I suspect I've consumed an allergen and/or are experiencing symptoms of an allergic reaction.
- If I have a food allergy, I will only eat foods that I know what the ingredients are (and will ask dining hall staff or CTY staff for help in identifying these things as needed).
- If I have a food allergy, I will read available labels on foods and check with dining hall/CTY staff if needed.
- I will NOT go off alone if symptoms seem to be starting.
- I have been trained in the use of auto-injector and allergy medication (if applicable).
- I agree to carry my auto-injector with me at all times (if applicable).
- I understand the signs and symptoms for which epinephrine and/or allergy medication should be given (if applicable).

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

### HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.

3



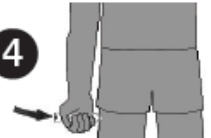
### HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.

3



4



### HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.

5



### HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.

5



### ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

## CTY Additional Allergy Information 2024 (Optional)

Please answer the questions below to provide CTY staff a better picture of your child's history with his or her food allergy as well as his or her ability and comfort in managing the allergy. The additional information requested below will be shared with staff on a need-to-know basis. The following information is optional. If you choose not to complete this page, you do not need to submit it.

- How does the child manage the allergy at home? At school? At any other camp he or she has attended?
  
  
  
  
  
  
  
  
  
  
- (If food allergy) Please list food items (including brands) that child typically eats at home and/or school.
  
  
  
  
  
  
  
  
  
  
- Does your child reliably know how to avoid the allergen? For example, does he or she know what to look for when foods are packaged or labeled? Is he or she comfortable asking appropriate personnel about food ingredients?
  
  
  
  
  
  
  
  
  
  
- Please describe any reactions to the allergens listed above and include approximate dates of reactions.
  
  
  
  
  
  
  
  
  
  
- Has your child ever had to go to the Emergency Room as the result of an allergic reaction? If so, please describe the reaction, outcome, and when this occurred.
  
  
  
  
  
  
  
  
  
  
- Additional Information or Comments:

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## Requesting Special Accommodations/Supports

If your child requires special accommodations/supports to stay safe in the program, please submit an online request via your MyCTY account. You can find a link for “Accommodations for CTY Programs and SCAT/STB Testing” on the left-hand side of the main log in screen. You can also contact CTY Disability Services ([cty-disabilities@jhu.edu](mailto:cty-disabilities@jhu.edu)) to discuss your request and have any questions answered. Documentation may be required for accommodations to be granted. More information can be found at <https://cty.jhu.edu/disability>.

## Instructions for Submitting this Form

- Log into your MyCTY account.
- Click “Medical Form” to access your CampDoc account.
- Select the “Allergies and Asthma” section from the right hand menu.
- Drag the file into the appropriate box or click the box to choose the file to upload.
- Please do not upload this page.

**CampDoc.com** Student Name / Health Profile  
Center for Talented Youth (CTY)

**Student Name**  
Health Profile

Please download [CTY's Allergy Action Plan](#) and complete it with your physician along with the Physician and Parent Authorization form at available at the end of this form. Once completed, please upload it below. An Allergy Action Plan is only required if your child has been prescribed an epinephrine auto-injector. You may submit an Allergy Action Plan your child uses during the regular school year in lieu of CTY's Allergy Action Plan

\* Allergy Action Plan Upload

Please upload the Allergy Action Plan here:

Drag Files Here or Click to Upload  
Permitted file types: PDF, JPG, GIF, PNG  
Maximum file size: 5MB

Click Here

Upload Completed Allergy Action Plan Here

**Student Name**  
Date of birth

- ✓ General Information
- ✓ Emergency Contacts
- ✓ Insurance
- ✓ Medical History
- ✓ Allergies and Asthma
- ✓ Learning, Physical, or Medical Disabilities
- ✓ Immunizations
- ✓ CTY-Supplied Nonprescription Medications
- ✓ Student-Supplied Medications
- ✓ Sunscreen Authorization
- ✓ Tuberculosis Screening Questionnaire

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PREVIOUS STEP NEXT STEP

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