

I HAVE ALLERGIES! _____

(Child's name)

☐ Seasonal / Environmental:

☐ Food Allergy:
I must avoid:

If I'm itching, sneezing, or coughing I could be suffering from allergies to my environment. Please, consider letting me see the camp nurse for an antihistamine and possibly a break from being outside.

Please make sure that my food does not contain any of the food allergens above, and that all utensils, equipment, and surfaces used to prepare my meal are fully cleaned immediately before using. Please also review my anaphylaxis action plan for what to do in an emergency.

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