IRON PEAK
SPORTS & EVENTS

2027 MEDICAL FORM
and/or
LIFE-THREATENING ALLERGY & EPIPEN INSTRUCTIONS

Please follow the below instructions carefully. If you have any questions, please do not hesitate to contact us at (908) 758-2739 or info@ironpeakse.com

1. If your child has an EpiPen or medication, please follow these instructions exactly as they are written so we may ensure your child's safety at all times at our Field Day Friday events.

a.) Clearly mark the EpiPen or Medication with your child's first and last name.
b.) Complete page two of this form. Please print clearly.
c.) If available, please attach a wallet-size picture to page two of this form.
d.) Place all of the above into a one-gallon zip lock bag. Seal the bag.
e.) With a permanent marker, please neatly mark the outside of the bag with your child's first and last name. Please mark the bag on only one side and at the bottom of the bag.

2. Please arrive in our check-in period: 8:45 am.

3. Hand the bag, with the EpiPen/Medication and all its contents placed inside, directly to the Iron Peak Team Member at check-in.

4. We will provide your child with a temporary allergy bracelet. We will mark the bracelet with your child's name on it so his/her identity can be matched to the EpiPen/Medication for the duration of the day.

5. The EpiPen/Medication will then be given directly to the Health Director. The only exception is if the medication does need to be with the camper throughout the entire day

a.) The Health Director will store the Epi-Pen at the front desk for quick access if/when necessary.

6. Your EpiPen or Medication will be hand-delivered back to the guardian at pick-up. Or at the end of your camper's enrollment at Iron Peak.

Child Name:_____ DOB: _____
Parent Name:_____ Emergency Phone Number: _____
Date of Program: _____ Allergy/Allergies: _____
Asthmatic?_____ Higher risk for severe reaction? _____
Other Condition(s). Please Explain: _____

Symptoms (check all that apply):

If a food allergen has been ingested, but there are no symptoms _____
Heart: Thready pulse, low blood pressure, fainting, pale _____
Mouth: Itching, Tingling, or swelling of lips, tongue or mouth _____
Skin: Hives, itchy rash, swelling of the face or extremities _____
Throat: Tightening of throat, hoarseness, hacking cough _____
Stomach: Nausea, abdominal cramping, vomiting, diarrhea _____
Lung: Shortness of breath, repetitive coughing, wheezing _____
Other: _
_____
_____
_____
_____

Family Responsibility:

- Ensure that Iron Peak personnel have current phone contacts of responsible family members.
- Be sure that the medical form is properly filled out and signed by the parents and physician (if necessary).
- Know that the medication you drop off at camp has an intact pharmacy label and has not expired.
- List all foods that are known to bring on an allergic response.

Participant Responsibility:

- Do not bring allergenic food in; do not exchange food with others.
- Help counselors by reporting an allergic reaction that is starting, even if it is only a suspicion and not yet visible.
- Do not withdraw and keep a reaction to himself or herself.

Iron Peak:

- Will have established plans that can safely include all campers.
- Ensures a clean and safe place to be—mindful of any allergy-inducing material/food.
- Lead Counselor will shelter the rescue medication to be certain that it is not diminished in potency and kept in recommended storage conditions/temperatures.
- The Iron Peak Management Team will be on site and in constant communication with the Lead Counselor should an emergency arise.

Parent / Guardian Name:_____

Parent / Guardian Signature:_____ Date : _____