## **Epinephrine Administration**

Instructions: See Instructions on back of form prior to completing		
EAGUITY INFORMATION		eHIPS Incident Number:
FACILITY INFORMATION		
Camp Name:		Facility Code:
Camp Type:   Day   Overnight Camp for developmentally disabled?   Yes	s 🖵	No Date Reported//
Incident Date:/ Incident Time:: (Military time)	)	to Local House Dopartmont
Location of Incident: 🗖 In Camp 📮 Out-of-Camp Specify:		
Does the camp participate in the Epinephrine administration program?	Yes	□ No
Was the camp emergency care provider notified of the incident?	ì Yes	□ No
VICTIM INFORMATION		eHIPS Victim ID:
Name of Patient:		
Home Address Street		
Town, Village or City		State
Name of Parent or Guardian		
Home Phone Number ()		Material in shaded area is confidential
Age: Weight: Sex: ☐ Female ☐ Male  Status: ☐ Camper ☐ Developmentally Disabled Camper ☐ CIT/Jr. Counselor ☐ Other* Specify for *		
EVENT INFORMATION		
Type of Incident Resulting in Need to Administer Epinephrine:		
□ Bee Sting □ Other Insect Bite * □ Asthma Attack □ Food All-	lergy*	☐ Other*
* Specify:		
Time Epinephrine administered:: (Military time) Number of	auto-ii	njector administrations:
Type of Epinephrine Injector: ☐ Epi-pen® ☐ Epi-pen Jr.® ☐ Other Sp	ecify:_	
Where on body was epinephrine injected?		
Indicate source of Epinephrine: ☐ Camp supply ☐ Patient prescription ☐	Othe	r Specify:
Epinephrine Administered by: Name:		Indicate applicable certification(s) below
☐ Doctor ☐ Nurse Practitioner ☐ Physician's Assistant ☐ RN ☐ LPN		EMT    First Aid Certified Staff
□ Self-Administered □ Other		
Epinephrine training course: ☐ NYS EMS ☐ Red Cross ☐ None ☐		
Name of EMS agency providing care:		Phone:
Name and location of health care facility patient was transported to:		
Was patient admitted? ☐ Yes ☐ No		

Narrative: Provide a written description of the event on back of form.

## Instructions for completing the Children's Camp Epinephrine Administration Report

Local health department staff are responsible for completion of the form and submittal to the Bureau of Community Sanitation and Food Protection. Victim information is confidential and must be protected from unauthorized disclosure.

Children's camps must report epinephrine administration to the local health department whether or not they are participating in the auto injector program and regardless if medication was from the camp's stocked supply or brought to camp by a camper or staff.

## **Description of Incident:**

Describe symptoms and circumstances surroun including the cause of anaphylaxis, signs and sy administration and the patient's response to the chronological order of their occurrence. Include such as whether the patient was discharged from Use additional sheets if needed. When entering information. Use the victims initials or similar contents.	mptoms displayed by administered drug. En available information and the hospital, returned the narrative into eHIPs	the patien iter the evabout the locamp	t prior to ents in e event's or went	o the outcor home.	ı
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Report completed by:	Title:	Date	/_		
Local Health Department:		Phone: (			