



ACTION PLAN- ALLERGY

Name of Participant: _____ Age: _____ Grade: _____

Parent/Guardian's Name (s): _____

Primary Contact Number: _____ Secondary Contact Number: _____

Camper is allergic to: _____

Camper's reaction to allergen is: ___LIFE THREATENING ___MODERATE ___MILD

Participant's history with condition, including know triggers: *PLEASE BE SPECIFIC*

Preventative steps requested to be taken by Camp Staff:

1. _____
2. _____
3. _____
4. _____
5. _____

A medical emergency would include the following signs and/or symptoms:

In the event of a medical emergency the following steps should be taken by Camp Clemson.

1. _____
2. _____
3. _____
4. _____

Any additional notes:

Signature of Guardian

Date



ACTION PLAN- ACCOMMODATIONS AND SPECIAL NEEDS

Name of Participant:_____ Age:_____ Grade:_____

Parent/Guardian's Name (s):_____

Primary Contact Number: _____ Secondary Contact Number: _____

Camper's diagnosis: _____

Participant's history with condition, including know triggers: *PLEASE BE SPECIFIC*

Preventative steps requested to be taken by Camp Staff:

1. _____
2. _____
3. _____
4. _____
5. _____

Accommodations requested:

____ (initial): I understand that Camp Clemson is unable to provide an aid to assist individual campers. If an aid is provided by the family please reach out to campclemson@cityofclemson.org to arrange background check and clearance for this individual. All camper's are required to abide by the behavior guidelines outlined. [CLICK HERE](#) to view.

Signature of Guardian Date