Allergy Form

This form is to be used for all allergies, including food allergies.

Student's Name _____
Date of Birth _____ Grade _____

Allergic to: _____
How long does it take before symptoms appear? _____

What symptoms does the child experience?
Mouth: _____

Throat: _____

Skin: _____

GI Tract: _____

Lungs: _____

Heart: _____

Emergency action to be taken:
If ingestion and/or contact is suspected:_____
_____

If epipen is prescribed:

- Administer epipen and call 911.
- Tell the dispatcher, "_____ allergy anaphylaxis. Epipen given at _____ (time)."
- Remain on the phone until dismissed by dispatcher.

If other medication is prescribed, please specify type, treatment and dosage:
_____
_____

Notify emergency contact(s):
Parent/Guardian: _____ Phone _____
Parent/Guardian: _____ Phone _____

Parent/Guardian's Signature_____ Date _____

Physician's Signature _____ Date _____

Stamp here with name and license number