

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