

**Emergency Allergy Alert Form**

**[To be completed by parent(s)/guardian(s)]**

A new form must be submitted each school year, while attending summer programs and whenever the medication is modified.

**P L E A S E   P R I N T**

School Year \_\_\_\_\_

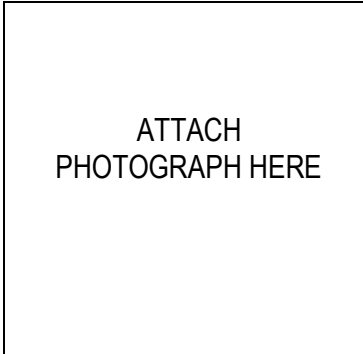
**Health Alert for:** \_\_\_\_\_

**Our/My child has** \_\_\_\_\_

Although he/she is normally a healthy child, we would like you to know what to expect if an emergency occurs.

**Things Our/My child should avoid are:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Our/My child wears a Medic Alert tag:**      YES \_\_\_    NO \_\_\_

**REGULAR MEDICATION**

| Name(s) | How much/often | Possible side effects |
|---------|----------------|-----------------------|
| _____   | _____          | _____                 |
| _____   | _____          | _____                 |

**Signs of Emergency:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Instructions:** (in order) to follow if my child has an emergency:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Emergency \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Medication: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

\_\_\_\_\_ Expiry Date: \_\_\_\_\_

**CONTACTS**

Name of Parent/Guardian: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Other contact person(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Phone #: \_\_\_\_\_ Ambulance Phone #: \_\_\_\_\_

\_\_\_\_\_  
Parent(s) / Guardian(s) Signature

\_\_\_\_\_  
Date

Note: It is the responsibility of the parent(s) / guardian(s) to have FORM H (Administration of EpiPen/Anakit: Physician's Statement) completed, signed and attached to this Form.