

Allergy Information Sheet

Name: _____

Emergency

Contact: _____ phone: _____

Emergency

Contact: _____ phone: _____

Specific

allergies: _____

Does this child use an EpiPen/medicine? Yes no

If yes, where is the EpiPen

located? _____

signs of allergic reaction will look

like: _____

Plan of action in case of allergic reaction:

1. _____

2. _____

3. _____

4. _____