



Emergency Allergy Alert / Photo ID Form

This form must be completed upon registration and whenever there is a change in the medication.
We also require this form and picture to be updated annually.

Name: _____

Location/Program: _____

Current Photo Here

Life Threatening Allergy to: _____

Symptoms: (specific to your child, 0-15 minutes after consumption or contact): _____

Prevention Tips: Please list any detailed info about your child to help prevent an allergic reaction: _____

EpiPen® Location: _____

EpiPen® Expiry Date: _____

(Parents required to replace EpiPen® prior to expiry date)

What to Do:

1. Child should tell you or you will notice one or more of the above symptoms.
2. Lay child down. Inject EpiPen® into child's thigh at right angle to the leg. Hold for 10 seconds.
3. Remove EpiPen® and massage the area for 10 seconds.
4. Call 911 and indicate that the child is having an anaphylactic reaction.
5. Call Parents / Emergency Contact

Parent's Name: _____ **Phone: Res:** _____ **Bus/Cell:** _____

Emergency Contact: _____ **Phone:** _____ **Relationship:** _____

Parent's Signature: _____ **Date:** _____

Office Use Only

- Office Aquatic Staff Room Leaders/Instructors Waist Pack Family Other