



# Allergy Information Form

*For children's health and safety*

Please complete this form with as much detail as possible to help us ensure the safety and well-being of your child.

## Child's Information

- Child's Full Name:
- Date of Birth:
- Gender:

## Allergy Details

Please list all known allergies your child has (e.g., food, insect stings, medication, latex, environmental).

- Allergen 1:
- Allergen 2:
- Allergen 3:

For each allergy listed above, please describe the reaction your child experiences.

- Allergen 1 Reaction: Describe the symptoms, such as hives, swelling,
- Allergen 2 Reaction: difficulty breathing, vomiting etc.
- Allergen 3 Reaction:

## Medication

Does your child carry an epinephrine auto-injector (e.g., EpiPen, Auvi-Q)?

- Yes
- No

If yes, please provide details:

- Medication Name:
- Dosage:
- Expiration Date:

Does your child take any antihistamines for allergies?

- Yes
- No

If yes, please provide details:

- Medication Name:
- Dosage:
- When to Administer:

## Emergency Contact Information

- |                           |                           |
|---------------------------|---------------------------|
| ● Parent/Guardian 1 Name: | ● Parent/Guardian 2 Name: |
| ● Relationship to Child:  | ● Relationship to Child:  |
| ● Phone Number (Home):    | ● Phone Number (Home):    |
| ● Phone Number (Work):    | ● Phone Number (Work):    |

Other Emergency Contact:

- Name:
- Relationship to Child:
- Phone Number:

### Action Plan

Please describe the steps to take in case of an allergic reaction. Include specific instructions for administering medication and contacting emergency services.

### Important Considerations

- Are there any specific situations or environments that trigger your child's allergies?
- Are there any activities your child should avoid due to their allergies?
- Any additional information that might be helpful:

**Disclaimer:** This information is confidential and will only be used to ensure your child's safety and well-being. Please notify us immediately if there are any changes to your child's allergies or medications.

Signature of Parent/Guardian:

Date: