



Allergy Description Form

Please attach a recent
Photo of your child

CHILD'S NAME:

WHAT CAUSES ALLERGIC REACTIONS:

SYMPTOMS OF ALLERGIC REACTION (especially if differs from common symptoms of anaphylaxis)

WHERE DOES CHILD KEEP EPIPEN:

PERSON TO CONTACT IN CASE OF EMERGENCY:

DAYTIME NUMBER:

OTHER NUMBER:

ALTERNATIVE EMERGENCY CONTACT:

DAYTIME NUMBER:

OTHER NUMBER: