



Severe Allergy Alert Form

Child's Name: _____

Parents: _____ **Date Informed** _____

Emergency Contact Numbers: _____

Specific Allergy: _____

Found in

Symptoms that an allergic reaction is occurring in your child:

Dose of children's Benadryl to be given during first 30min of reaction _____ **tsp**s

Is an Epi-Pen used for this if an allergic reaction is caused: Yes / No

If Yes We need one provided for us to keep here labeled for the child. Please show two people near to your child how to use it.

- 1.** _____ **2.** _____

If no, what should we do to help child in the case of a reaction:

Physician: _____ **Contact #** _____

Signed & understood by two above people : 1. _____ **2.** _____

Parent Signed _____ **Dated** _____