



## Allergy Alert Form Garden School 2016-2017

This form is to be used for all allergies, including food allergies.

**Student's Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_

**Allergic to:** \_\_\_\_\_  
\_\_\_\_\_

How long before symptoms appear? \_\_\_\_\_

**What symptoms does the child experience?**

Mouth: \_\_\_\_\_

Throat: \_\_\_\_\_

Skin: \_\_\_\_\_

GI Tract: \_\_\_\_\_

Lungs: \_\_\_\_\_

Heart: \_\_\_\_\_

**Emergency action to be taken:**

If ingestion and/or contact is suspected: \_\_\_\_\_  
\_\_\_\_\_

If epipen is prescribed:

- Administer epipen and call 911.
- Tell the dispatcher, “\_\_\_\_\_ allergy anaphylaxis. Epipen given at \_\_\_\_\_ (time).”
- Remain on the phone until dismissed by dispatcher.

If other medication is prescribed, please specify type, treatment and dosage:  
\_\_\_\_\_  
\_\_\_\_\_

**Notify emergency contact(s):**

Parent/Guardian: \_\_\_\_\_

Phone \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

Stamp here with name and license number