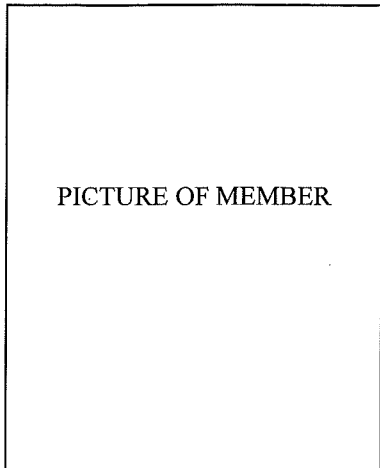


# Allergy Alert



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

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Health Card # \_\_\_\_\_

What Happens:

\_\_\_\_\_  
\_\_\_\_\_

Mild  Moderate  Severe

Epi pen:  yes  no

If yes, where is it located: \_\_\_\_\_

Other medicine: \_\_\_\_\_ Dosage: \_\_\_\_\_

Dr's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- Skin: hives, swelling, itching, warmth, redness & rash
- Breathing: wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion, trouble swallowing or hay fever symptoms.
- Gastrointestinal (stomach): nausea, pains/cramps, vomiting & diarrhea
- Cardiovascular (heart): pale/blue color, weak pulse, passing out, dizzy, light headed & shock
- Other: anxiety, feeling of impending doom, headache

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

