

Child With Allergy Reaction 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 _____ tsps

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 _____