ALLERGY HEALTH FORM

Personal inform	ation		
Child's Name:			
Allergy to:			
Treatment:			
TYPE OF ALLERGY TRANSMISSION:			
Ingestion		Contact	Inhalaton
EXTREMELY REACTIVE	TO THE FOLLOWIN	NG ALLERGENS:	
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Therefore:		•	
If checked, give ep	inephrine immediate	elty if the allergen was LIKELY	eaten, for ANY SYMPTON
If checked, give ep	•	ely if the allergen DEFINETELY	eaten, even if no
Epinephrine brand:		Epinephrine dose:	
Epinephrine brand:		Antihistamine dose:	
Other (e.g., inhaler, ep	i pen):		