

### EMERGENCY ALLERGY ALERT PHOTO I.D.

This form must be completed upon registration in a Parks & Recreation Program and updated whenever there is a change in the medication. **A current picture is required on an annual basis.**

\_\_\_\_\_  
Name of Participant

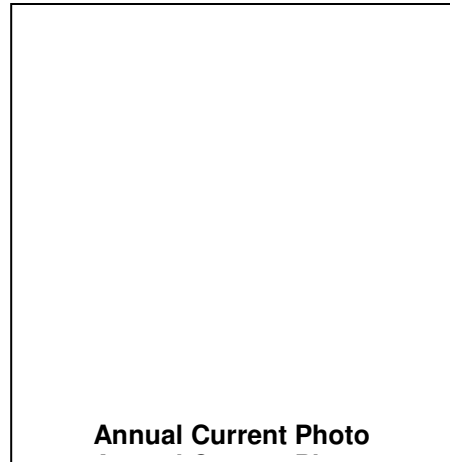
\_\_\_\_\_  
Program/Location

\_\_\_\_\_  
EpiPen® Expiry Date (Parents are required to replace and inform prior to expiry date)

**Allergy Description**

This child has a dangerous life-threatening allergy to the following substances:

**Avoidance is the key!** Please list any detailed Information about your child to help prevent an allergic reaction:



**Annual Current Photo**

**Symptoms specific to your child (0-15 minutes after consumption or contact):**

**Any other medication to be given, with specific instructions:**

**EpiPen® Location (including second EpiPen® if provided):** \_\_\_\_\_

- WHAT TO DO:**
1. Child should tell you or you will notice one or more of the above symptoms.
  2. Lay child down. Inject EpiPen® into child's thigh, hold EpiPen® in leg for 15 seconds.
  3. If necessary, inject EpiPen® through clothing or remove clothing if necessary (ie. ski clothes)
  4. Call 911 and indicate that a child is having an anaphylactic reaction.
  5. Call parents.

Parent/Guardian Name		Doctor's Name	Emergency Contact Name	
Phone: (H)	(B)	Phone:	Phone (H)	(B)
Cell Phone:			Relationship to Child:	

**OPTIONAL LOCATIONS TO KEEP FORM: (Indicate all locations kept)**

- Office  
  Staff  
  Participants waist pack  
  Medication binder  
  Lunch area  
  Staff room  
  Family

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**NOTE TO STAFF:**

1. Only post form if parent/caregiver has given permission on the Consent for Administration of EpiPen® form.
2. If parent has authorized the form to be posted and unable to post in a secure/confidential area, consult with parent/caregiver regarding removal of name and phone number before posting.