

Name of Student: _____

Age of student: _____ Phone: _____

Allergy Alert Bracelet: Yes No

I hereby give permission to the _____ to use the enclosed picture and any medical information provided for the protection of my child who has Anaphylaxis.

Signature of Parent(s)/Guardian(s)

Date

I have listed below the foods/items which trigger an anaphylactic reaction:

Treatment Protocol if there is an Anaphylactic reaction

Date

Physician's Signature

Information for all staff responsible for student

Location of auto-injector: _____

Names of those who can use auto-injector: _____

Phone Parent(s)/Guardian(s) in case of Emergency: _____

CHECKLIST:

- Inservice given to all staff and trained information put in key locations
- Students made aware
- Volunteer Parent(s)/Guardian(s) also made aware and trained