

EPIPEN / ALLERGY FORM



NAME (FIRST, LAST) _____ **GRADE:** _____

GENDER (CIRCLE ONE): MALE FEMALE

CAMPUS (CIRCLE ONE): AVENUE SOUTH BRENTWOOD LOCKELAND SPRINGS NOLENSVILLE
STATION HILL WEST FRANKLIN WOODBINE

ALLERGY: _____

USUAL SYMPTOMS: _____

LAST TIME PARTICIPANT HAD A REACTION: _____

TREATMENT: _____

MEDICATIONS:

EPIPEN YES NO

BENADRYL YES NO

OTHER _____

SPECIFIC DIRECTIONS: _____

PARENT NAME _____

CONTACT TELEPHONE NUMBER _____