EPIPEN / ALLERGY

BRENTWOOD BAPTIST CHURCH

NAME _____ **GRADE:** _____
LAST NAME *FIRST NAME*

GENDER (CIRCLE ONE): MALE FEMALE

ALLERGY: _____

_____

USUAL SYMPTOMS: _____

_____

LAST TIME PARTICIPANT HAD A REACTION:

_____

_____

TREATMENT: _____

_____

MEDICATIONS:

EPIPEN YES NO

BENADRYL YES NO

OTHER _____

SPECIFIC DIRECTIONS: _____

_____

_____

PARENT NAME_____

PARENT SIGNATURE_____

CONTACT TELEPHONE NUMBER_____

CAMPUS (CHECK ONE): ___AVENUE SOUTH ___BRENTWOOD ___HARPETH HEIGHTS ___LOCKELAND SPRINGS

___NOLENSVILLE ___STATION HILL ___WEST FRANKLIN ___WOODBINE ___GUEST