

# EPIPEN / ALLERGY



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