

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

___ West End