

## Allergy Emergency Response



**Child's Name:**

**Schedule:**

**Allergy:**

**Symptoms:**

**Action:** *(Select and give name and phone number)*

**Call Doctor:**

**Call Guardian:**

**Teacher is aware and has permission to administer/give medications.** *\*If you select this option please make sure you have given written instructions/procedures to the teacher.*

Instructions/procedures should be written in the back of this page

