



PHOTO I.D. - ALLERGY ALERT FORM

Name: _____ Grade/Class: _____

ALLERGY - DESCRIPTION

This child has a **DANGEROUS**, life-threatening allergy to the following foods:

PHOTO

and all foods containing them in any form in any amount, including the following kinds of items:

This child has a **DANGEROUS**, life-threatening allergy to other allergens such as:

AVOIDANCE

The key to preventing an emergency is *Absolute Avoidance* of allergens at all times.

WITHOUT EpiPen, THIS CHILD MUST NOT BE ALLOWED TO EAT ANYTHING.

EATING RULES (list eating rules for student, if any, in this space)

ACTION - EMERGENCY PLAN

- **USE EPIPEN immediately!**
- **Have someone call an ambulance** and advise the dispatcher that a child is having an anaphylactic reaction
- If ambulance has not arrived in 10-15 minutes and breathing difficulties are present (e.g. wheeze, cough, throat clearing), give a second EpiPen if available.
- Even if symptoms subside entirely, this child must be taken to hospital immediately

EpiPens are kept in the following locations: _____

Signature of Parent/Guardian

Date

This personal information is collected under the authority of the Public Schools Act, FIPPA, and the Personal Health Information Act, and will be used for maintaining student records and to respond to potential emergency situations regarding your child. This information may be displayed in appropriate locations within the school. If you have any questions about collecting this information contact the Access and Privacy Officer, SJASD.