

EMERGENCY CONSENT and ALLERGY FORM

Student's Name _____ Age _____

Parent/Guardian Contact _____

Phone Number _____

Emergency Contact _____
(other than contact listed above)

Phone Number _____ Relationship _____

Please list allergens, reactions and any medications taken for reaction:

Does your child have an EpiPen in case of an allergic reaction?

Please list any special instructions in case your child has an allergic reaction: _____
