

EMERGENCY ALLERGY ALERT PHOTO ID FORM

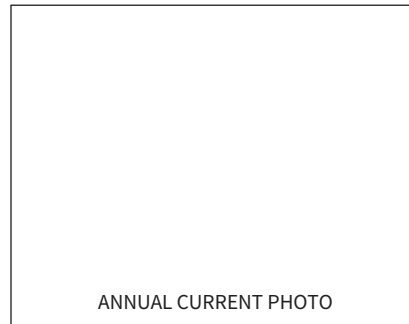
FORM MUST BE COMPLETED UPON REGISTRATION IN A CJ's SKATEPARK PROGRAM AND UPDATED WHENEVER THERE IS A CHANGE IN THE MEDICATION. A CURRENT PHOTO OR CJ MEMBER CARD, WHICH IS REQUIRED ON AN ANNUAL BASIS, IS ACCEPTED.

NAME OF PARTICIPANT: _____

PROGRAM/LOCATION: _____

EPIPEN® EXPIRY DATE: _____
DAY / MONTH / YEAR

(PARENTS ARE
 REQUIRED TO
 REPLACE PRIOR
 TO EXPIRY DATE)



ALLERGY DESCRIPTION

THIS CHILD HAS AN ALLERGY TO THE FOLLOWING SUBSTANCES:

AVOIDANCE IS THE KEY! PLEASE LIST ANY DETAILED INFORMATION ABOUT YOUR CHILD TO HELP PREVENT AN ALLERGIC REACTION:

SEVERITY/SYMPTOMS SPECIFIC TO YOUR CHILD (0-15 MINUTES AFTER CONSUMPTION OR CONTACT):

LIST ANY OTHER MEDICATION TO BE GIVEN, WITH SPECIFIC INSTRUCTIONS:

EPIPEN® LOCATION #1 _____

EPIPEN® LOCATION #2 _____

Parent must provide a 2nd EPIPEN (1 to stay with us and 1 to stay with child)

WHAT TO DO

1. Child should tell you when something is wrong or you will notice when one or more of the symptoms are present.
2. Lay child down. Inject EpiPen® into child's thigh, hold EpiPen® in leg for 15 seconds.
3. If necessary, inject EpiPen® through clothing or remove clothing if necessary.
4. Call 911 and indicate a child is having an anaphylactic reaction.
5. Call parents.

PARENT/GUARDIAN

NAME: _____

TEL.: _____

MOBILE: _____

DOCTOR

NAME: _____

TEL.: _____

MOBILE: _____

EMERGENCY CONTACT

NAME: _____

TEL./MOBILE: _____

RELATIONSHIP TO CHILD: _____

OPTIONAL LOCATIONS TO KEEP A COPY OF THIS FORM (INDICATE ALL LOCATIONS):

- STAFF FRONT DESK (CASH DRAWER) PARTICIPANT'S WAIST PACK MEDICATION BINDER FAMILY

NOTE TO STAFF: Only post form if parent/guardian has given permission on the Consent for Administration of EpiPen® form. If parent/guardian has authorized the form to be posted and unable to post in a secure/confidential area, consult with parent/guardian regarding the removal of name and phone number before posting.