



**AFTER CARE ALLERGY ALERT FORM**

**Name of Child:**

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**Allergy To:**

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**Uses Epi Pen:**        YES    NO

**If Yes, Epi Pen Is Carried By:**

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**Other Medication:**

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**In Case of Emergency, Contact:**

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**Phone Number**

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**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_