

Severe Allergy Alert Form – Individual Plan

Student Information (To be completed by parents)	
Name of Student:	Date of Birth:
Address:	
Home Telephone:	Medic Alert ID #
Name of Parent:	Cell Phone:
Emergency Contact #1 (other than parent)	Telephone:
Emergency Contact #2 (other than parent)	Telephone:

Physician Information (To be completed by Physician)	
Nature of Allergy/Allergens:	
Symptoms of Reaction:	
Recommended Response to Reaction:	
Medication:	Dosage:
Additional Instructions/Information:	
Name of Physician:	Telephone:
Signature of Physician	Date:

Parent Approval of Plan		
Name: _____	Signature: _____	Date: _____
Name: _____	Signature: _____	Date: _____

\*Please note you must also complete a Consent Form For Epinephrine Injection and Transport to Hospital.