

The Waegwoltic Club
Allergy Form



Child's Name: _____

Child's Birthday: _____

Child's Health Card Number: _____

Emergency Contact 1: _____

Emergency Contact 2: _____

Emergency Contact 3: _____

Type of allergy/allergies: _____

How severe allergy is this allergy?: **(mild)** **1** **2** **3** **4** **5** **(severe)**

Details of severity: _____

Could a reaction be triggered if substance is ingested?: **YES or NO** details: _____

Could a reaction be triggered if substance is airborne?: **YES or NO** details: _____

Could a reaction be triggered if substance is touched?: **YES or NO** details: _____

Location of *Epipen*: _____

When to administer *Epipen*: _____

Additional Info: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____