

Allergy Alert Form - Solo

ALLERGY ALERT FORM

1. Client information:

Client's First Name: _____

Client's Last Name: _____

Date of Birth: _____

Your Preferred Service Location:

209 Cherry St, Milford, CT

29 Federal Rd. Danbury, CT

2. Please list any known allergies the client may have (i.e. to foods, medicines, environmental agents) and describe the client's response to contact with the applicable allergen(s).

	Allergic to?	Reaction
1		
2		
3		

3. Primary Emergency Contact

Name: _____

Phone: _____

Emergency Contact Relationship: _____

4. Secondary Emergency Contact

Name: _____

Phone: _____

Emergency Contact Relationship: _____

5. Please describe immediate action to be taken in case of contact with allergen(s).
