

# Allergy Alert Form - Solo

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## 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).

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