**NAME: Click here to enter text.** **DATE:Click here to enter text.**

**ADDRESS: Click here to enter text.**

**CITY:** Click here to enter text. **STATE**:Click here to enter text. **ZIP:**Click here to enter text.

**HOME PHONE:**Click here to enter text. **CELL PHONE:**Click here to enter text.

**EMAIL:**Click here to enter text.

**YOUTH DATE OF BIRTH:** Click here to enter text.

**EMERGENCY CONTACT NAME:** Click here to enter text.

**EMERGENCY CONTACT PHONE NEMBER**: Click here to enter text.

**ATRA YOUTH MEDICATION AND FOOD ALLERGIY INFORMATION**

**Vegetarian:**  Yes [ ]  No [ ]  **Vegan:** Yes [ ]  No [ ]

**History and Current Status Check the foods that have caused an allergic reaction:**

Peanuts [ ]  Fish/shellfish [ ]  Eggs [ ]  Peanut or nut butter [ ]  Soy products [ ]  Milk [ ]  Peanut or nut oils [ ]  Tree nuts (walnuts, almonds, pecans, etc.)

Please list any others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the signs and symptoms of your child’s allergic reaction? (Be specific; include things the child might say:

How quickly do the signs and symptoms appear after exposure to the food(s)?

\_\_\_\_\_ Seconds \_\_\_\_\_Minutes \_\_\_\_\_ Hours \_\_\_\_\_Days

**If youth have asthma or any other conditions, please have them bring their medications with them. They can be stored safely and refrigerated if needed at the First Aid Center.**

**Please indicate T-Shirt Size**:

**Youth:** Small [ ]  Medium[ ]  Large[ ]  Extra Large[ ]

**Adult:** Small [ ]  Medium[ ]  Large[ ]  Extra Large[ ]