

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**INDIVIDUAL ALLERGY AND ANAPHYLAXIS EMERGENCY ACTION CARD**

PHOTO OF CHILD (Optional)	CHILD'S FULL NAME:		DATE OF BIRTH: / /	GENDER:
	KNOWN ALLERGENS:			ASTHMA? <input type="checkbox"/> YES <input type="checkbox"/> NO
				HISTORY OF ANAPHYLAXIS? <input type="checkbox"/> YES <input type="checkbox"/> NO
POTENTIAL SYMPTOMS:		MEDICATION/DOSAGE/LOCATION:		
EXPOSURE ACTION PLAN	1.			
	2.			
	3.			
	4.			

OCFS-LDSS-0792A (09/2022) REVERSE

RISK MANAGEMENT STRATEGIES:	
NOTES:	
EMERGENCY CONTACT(S):	
PROVIDER SIGNATURE: X	DATE: / /
SIGNATURE - PARENT OR PERSON LEGALLY RESPONSIBLE: X	DATE: / /