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

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

			OFFICE OF CHILDREN AND FAMILY SERVICES INDIVIDUAL ALLERGY AND ANAPHYLAXIS EMERGENCY ACTION CARD GENDER:				
PHOTO OF CHILD (Optional)			CHILD'S FULL NAME: CHILD'S FULL NAME: KNOWN ALLERGENS:		DATE OF	Direction	GENDER:
						ASTHMA?	
						HISTORY OF ANAPHYLAXIS?	
POTE	ENTIAL S	YMPTOMS:	1	MEDICATION/DOSAGE/LOCAT	TON:		
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PROVIDER SIGNATURE:						DATE:	
X		DARENT OR F	PERSON LEGALLY RESPONSIBLE:	1000	Market To	DATE:	
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