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

PHOTO OF CHILD (Optional)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

INDIVIDUAL ALLERGY AND ANAPHYLAXIS EMERGENCY ACTION CARD

CHILD'S FULL NAME:

DATE OF BIRTH: / /

GENDER:

KNOWN ALLERGENS:

ASTHMA? ☐ YES ☐ NO

HISTORY OF ANAPHYLAXIS? ☐ YES ☐ 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: / /