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: / /