



**Parks, Recreation & Community Services**

**Allergy Information Form**

PARTICIPANT INFORMATION

Program Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In case of emergency contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

MEDICATIONS/PROCEDURES USED

Antihistamines (Allergy Medications) -

Explain dosage & precautions:

\_\_\_\_\_

EpiPen

Other: \_\_\_\_\_

ALLERGY DESCRIPTION

This participant has a dangerous life-threatening allergy to the following substances:

\_\_\_\_\_

AVOIDANCE IS THE KEY

Please describe the situations in which the participant will react to the allergen (i.e. touch, inhalation, ingestion):

\_\_\_\_\_

SYMPTOMS SPECIFIC TO THE PARTICIPANT

Any other medication to be given, with specific instructions:

\_\_\_\_\_

AUTHORIZATION AND RELEASE FOR THE ADMINISTRATION OF THE EPIPEN

I have requested that an EpiPen or other allergy treatment as noted above be administered in the event of an Anaphylaxis first aid emergency.

I hereby state, without reservation, that I will not hold the City of Reno, or its employees and/or volunteers, liable for any harm or injury which may be incurred in connection with the assistance provided.

Although the program staff will work hard to ensure an allergen-free environment, I recognize that City of Reno programs, facilities, staff, and support people are in no way able to ensure or promise a risk-free or allergen-free environment.

\_\_\_\_\_  
Printed Name of Participant or Parent/Guardian

\_\_\_\_\_  
Signature of Participant or Parent/Guardian

\_\_\_\_\_  
Date

07/27/2016