

# ALLERGY ALERT FORM

ATTACH  
PHOTO  
OF  
ATHLETE  
HERE

**TYPE OF ALLERGY:** \_\_\_\_\_

\_\_\_\_\_

**NAME:** (First) \_\_\_\_\_ (Last) \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

## ALLERGY DESCRIPTION:

This child has a DANGEROUS, life threatening allergy to the following foods or conditions. Please list and describe here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOCATION OF EPI PENS:** \_\_\_\_\_

\_\_\_\_\_

IMPORTANT NOTE: CRRC is an allergy aware program, however, we do not currently collect Epi-Pens from the athletes. Therefore, all allergic athletes are responsible to bring their own Epi-Pens to all rowing activities and to inform coaches of their location.

FOR REGATTAS: Epi-Pens may be given to the coaches for safe keeping in the first aid bin during the event and must be collected again at the end of the event.

## EMERGENCY CONTACTS:

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

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

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

We understand that we are responsible for providing CRRC with a current Emergency Allergy Action Plan for our child and that those who may require the use of an Epi-Pen are responsible to bring their own Epi-Pens to all CRRC events.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of athlete: \_\_\_\_\_ Date: \_\_\_\_\_