Severe Allergies / EpiPen Emergency Information Sheet

Organize allergens, reaction history, auto-injector location, action plan location, and emergency contacts.

Identity & Contacts

Name / DOB _____

Emergency contacts _____

Caregiver contacts _____

School / activity contacts if applicable _____

Allergy Details

Known allergens _____

Reaction history context _____

Auto-injector location if shared _____

Allergy action plan location _____

Care Team

Allergist _____

Primary doctor _____

Pharmacy _____

Medication list location _____

Handoff Notes

School / caregiver notes _____

Travel notes _____

Other allergies _____

Where fuller instructions are kept _____

Notes / where fuller instructions are kept

More free emergency sheets: YourEMR.net/free-emergency-face-sheet

Create a free emergency profile at YourEMR.net

QR opens YourEMR free resources, not a personal emergency profile.