



EPI-PEN QUESTIONNAIRE

Name of Child: _____

What is your child allergic to: _____

What causes the reaction? (Check all that apply)

CONTACT _____ INGESTION _____ PROXIMITY (being near it) _____

Level of Severity?

MILD _____ MODERATE _____ SEVERE _____

What does their typical reaction look like?

What steps are taken after child has had exposure to allergen?

When was the last severe reaction that required an EpiPen? _____

Parent Signature: _____

Date: _____