
ALLERGY RISK FORM

- Allergic reactions and anaphylaxis occur at sudden instances, and we may never know we have those allergies. Anaphylaxis is a severe, life threatening allergic reaction that can occur within seconds or minutes after exposure to an allergen.
- Symptoms of Anaphylaxis include skin rash, nausea, vomiting, difficulty breathing and shock. If anaphylaxis is not treated right away, it can result in life threatening consequences.
- Cochise College is committed to identifying related allergies to food, drinks, drugs, plants, and/or stinging insects that may cause allergic reactions.
- Anaphylaxis is treated with immediate administration of Epinephrine and immediate contact of Emergency Medical Services (EMS). Cochise College Department of Athletics is in possession of Epinephrine pens. If signs and symptoms of anaphylaxis are recognized upon any of our student athletes, Cochise College reserves the right to administer Epinephrine immediately to avoid any risk of student athletes going into anaphylactic shock.
- The purpose of this assessment is to determine if you are at risk for potential allergens stemming from certain food, drinks, drugs, plants, and/or stinging insects. It is imperative that you inform Cochise College Athletic Training Staff if you have any related allergies that can cause anaphylaxis.
- If you have allergies to any food, drinks, and/or drugs, you are strongly recommended to notify Cochise College Athletic Training Staff in order to take necessary precautions for you overall health, safety, and wellbeing.
- If student athlete has a prescription to epinephrine, it is recommended that the student athlete order another epinephrine pen to provide for Cochise College's Athletic Training staff so members can have faster access to a proper dosage of epinephrine for you/your son/daughter's safety during their participation.

I, (print name) _____, **DO have** allergies stemming from exposure to:
Food, Drugs, Plants, Stinging Insects, Drinks, or Other.

Please list: _____

I, (print name) _____, **do NOT have** any known allergies stemming from exposure to certain foods, plants, drinks, drugs, and/or stinging insects.

I reserve the right for Cochise College to administer Epinephrine if I begin to suffer from anaphylaxis.

Athlete Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____