



Strong Family Health Center  
1203 Oak St.  
Alturas CA. 96101

## Emergency Contact and Allergies

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

REACTION: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALTERNATE CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please fill out one form per child and list any food, insect, asthma, or medication allergies that each child may have. If the child has no allergies please write "None". For questions or concerns please contact Melissa Channell or Rosa George at (530) 233-4591.