

Allergy Plan

Child's Name: _____ Birthdate: _____ Dates Valid: _____

Allergen: Events and/or substances may trigger a severe allergic reaction. (Each allergen needs a separate form)

Symptoms: Provide a complete list of symptoms that indicate a child has come into contact with an allergen and that he or she requires emergency treatment.

Procedures: Indicate necessary steps in the order they should be taken.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Other Notes:

Child's Physician: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____