



## ALLERGY EMERGENCY PLAN

Child's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

List each item/food the child is allergic to, possible symptoms if exposed to it, and steps to take if child has an allergic reaction.

<b>Allergy:</b>	<b>Possible Symptoms:</b>	<b>Treatment If Exposed:</b>

Name of Healthcare Professional: \_\_\_\_\_

Healthcare Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_