

# My Allergy Plan



Name:.....

I have the following allergies:

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When I come into contact with these foods or products I develop the following symptoms, and the appropriate action must be taken to ensure that I am safe:

Mild Symptoms/Signs	Action
<b>Moderate allergic symptoms/signs</b>	
<b><u>Severe allergic symptoms/signs – anaphylaxis</u></b>	
Loss of consciousness	<b>Ring 999 - State anaphylaxis.</b> Call parents.
Severe difficulty breathing	<b>Ring 999 - State anaphylaxis.</b> Call parents.
Swelling of lips, mouth, throat and eyes	<b>Ring 999 - State anaphylaxis.</b> Call parents.

Who to contact in case of an emergency:

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