

# Details for my Allergy Plan

## EpiPen



Name:.....

I have the following allergies:

.....

.....

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>Severe allergic symptoms/signs anaphylaxis</b>	

Who to contact in case of an emergency:

Any other details?

*School will write up an allergy plan from this document and share with you.*