

My Allergy Plan (non 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
Moderate allergic symptoms/signs	

Who to contact in case of an emergency:

Any other details?

This sheet will be used as your child's Allergy Plan and shared with relevant staff.