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** |
|  |  |
|  |  |
|  |  |
| **Moderate allergic symptoms/signs** |  |
|  |  |
|  |  |
|  |  |
| **Severe allergic symptoms/signs**  **anaphylaxis** |  |
|  |  |
|  |  |
|  |  |

I consent to my child using the school emergency epipens in an emergency:

Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.*