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ALLERGY INFORMATION

Photo

NAME

DATE OF BIRTH

SCHOOL / GROUP / CLASS

WEIGHT (FOR MEDICINE)

ALLERGIC TO (AND HOW SEVERE)

ALSO HAS ASTHMA?

OTHER CONDITIONS

SIGNS OF A MILD REACTION

SIGNS OF A SERIOUS REACTION

WHAT TO DO (COPY FROM THE DOCTOR'S ALLERGY ACTION PLAN)

MEDICINES AND WHERE THEY ARE KEPT

EXPIRATION DATE

TRAINED TO GIVE MEDICINE

SAFE SNACKS / FOOD RULES

Contact	Relationship	Cell phone	Work / other

Parent / guardian

Date