

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

D.O.B.: ____

PLACE PICTURE HFRF

Allergy to:

Name:

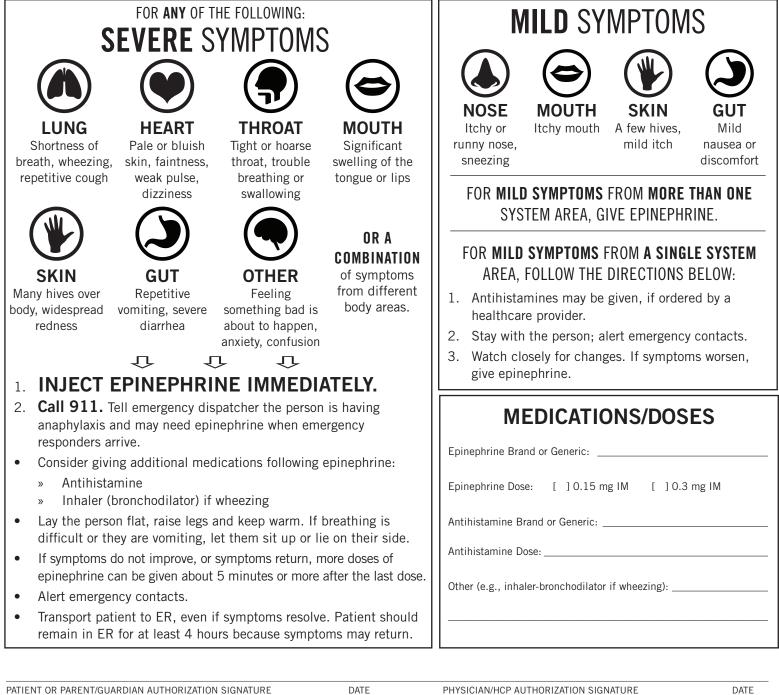
Weight: _____ Ibs. Asthma: [] Yes (higher risk for a severe reaction) [] No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens:

THEREFORE:

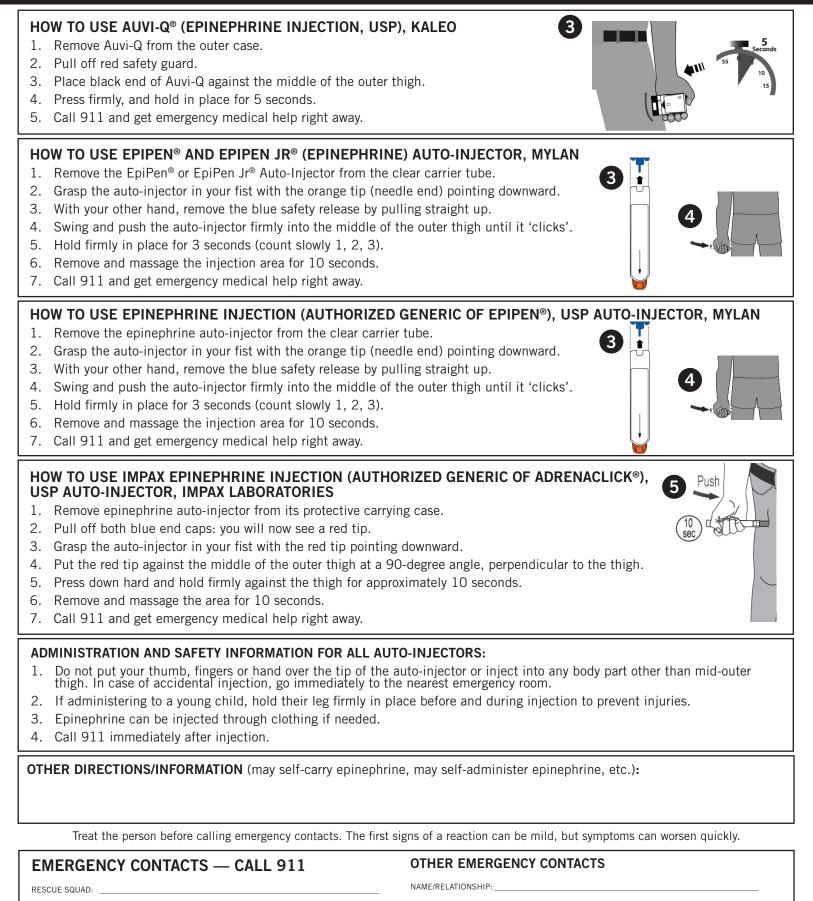
- [] If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.
- [] If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.





DOCTOR: ____

PARENT/GUARDIAN: _____



PHONE:

NAME/RELATIONSHIP:

PHONE:
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PHONE: ____

___ PHONE: _____