FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name:

_____ D.O.B.: _____

PLACE PICTURE HERE

Allergy to:

Weight:

_____Ibs. Asthma: [] Yes (higher risk for a severe reaction) [] No

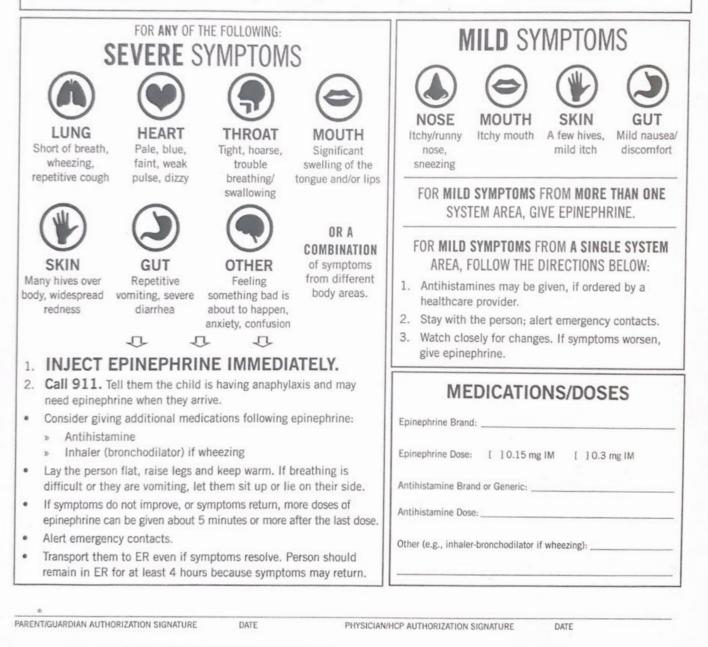
NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following foods: _

FARE

THEREFORE:

- [] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.
- [] If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.



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