

Allergy Form

PLEASE
ATTACH
PHOTO

This record is to be completed by parents/carers OR their child's doctor (general practitioner). Parents/carers should inform the service immediately if there are any changes to the management plan. Please tick the appropriate box, and print your answers clearly in the blank spaces Where indicated.

Personal Details

Child's name: Surname Gender: M F

Date of birth/...../..... School.....

Emergency Contact (eg parent or carer):

Name..... Relationship.....

(Home) (Work)..... (mobile).....

Extra contact Name..... Relationship

Telephone (Home) (Work) (mobile)

Doctor..... Telephone.....

ALLERGY (Please list; eg food, grass, sand, carpet)

Food Allergy:

Other :

Allergy Plan

Child. Symptoms (eg swelling, rash, breathing difficulties)

.....

Triggers (eg foods)

Medication Requirements:

Name of Medication	How to use	When and how much?

This form must have an Allergy Plan from your doctor attached.

Please make sure your doctor clearly specifies emergency procedures in plan of action.

Additional Comments:.....

I authorise the staff at the service to follow the doctors Allergy Plan and assist my child with taking medication should he/she require it. I will notify you in writing if there are any changes to the attached plan.

Sign Parent/Carer:.....Date:.....

