Preschool Allergy Action Plan

Child Name
Date of Birth
Class/Room
Ciassificoni
Parent/Guardian Name(s)
Parant/Cuardian Phana(a)
Parent/Guardian Phone(s)
Physician Name
Physician Phone
Allergies (list all)
Allorgics (list all)
Reaction Symptoms
Medications to be Given

Include dosage and method of administration.

Steps to Take if Exposure Occurs

Other Instructions		
Parent/Guardian Signature		
Date		