## **Food Allergy Incident Documentation Report**

| Date of Incident             |
|------------------------------|
| Time of Incident             |
| Location                     |
| Individual(s) Affected       |
| Age(s)                       |
| Allergen(s) Involved         |
| Describe the Incident        |
| Symptoms Observed            |
| Immediate Actions Taken      |
| Medical Attention Required?  |
| Who Was Notified?            |
| Reported By (Name & Title)   |
| Date Reported                |
| Follow-up Actions / Comments |