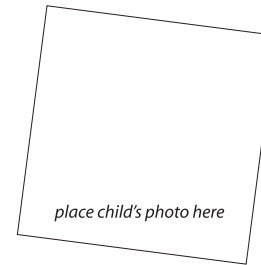


FOOD ALLERGY ACTION PLAN



Call 911.

contact

Patient Name _____ Date _____

Allergies _____

Emergency Contact _____
name phone phone

Doctor Contact _____
name phone phone

Medication Plan epi-pen® jr. epi-pen® adult benadryl® _____ dosage call 911

instruction

medical release

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED,
DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____

(Required)