

Allergy Action Plan

Student: _____ DOB: _____
 Class: _____ Teacher: _____
 Guardian: _____ Phone No. _____
 Address: _____
 Doctor: _____ Phone No. _____

Allergies

Allergen: _____ Severity of Reaction: Low Moderate High
 Allergen: _____ Severity of Reaction: Low Moderate High
 Allergen: _____ Severity of Reaction: Low Moderate High
 Allergen: _____ Severity of Reaction: Low Moderate High
 Allergen: _____ Severity of Reaction: Low Moderate High

Low Reaction	Reaction Area	Symptoms	Action Plan
	Mouth		
	Throat		
	Eyes		
	Skin		
	Stomach		
	Lungs		
	Heart		

Moderate Reaction	Reaction Area	Symptoms	Action Plan
	Mouth		
	Throat		
	Eyes		
	Skin		
	Stomach		
	Lungs		
	Heart		

High Reaction	Reaction Area	Symptoms	Action Plan
	Mouth		
	Throat		
	Eyes		
	Skin		
	Stomach		
	Lungs		
	Heart		