

DOUBLE DECKER



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TREATMENT PLAN FOR A CHILD WITH ALLERGIES

CHILD'S FULL NAME _____ DATE OF BIRTH _____
DAY / MONTH / YEAR

ALLERGIC TO:

- NUTS Hazelnuts Macadamia Almonds Cashew nuts Brazil nuts
 PEANUTS Pecans Walnuts _____

Reaction to: _____ mild severe
Symptoms & Treatment:

Special medication(s)? no yes: _____
Dosage & Treatment: _____ NAME(S)

OTHER FOODS: _____
DETAILS

Reaction mild severe / Symptoms & Treatment:

Special medication(s)? no yes: _____
Dosage & Treatment: _____ NAME(S)

INSECT BITES: _____
SPECIFIC INSECT(S)

Reaction mild severe / Symptoms & Treatment:

Special medication(s)? no yes: _____
Dosage & Treatment: _____ NAME(S)

POLLEN
Reaction mild severe / Symptoms & Treatment:

Special medication(s)? no yes: _____
Dosage & Treatment: _____ NAME(S)

OTHER CURRENT TREATMENTS: _____

REMARKS:

Mild reaction (symptoms): skin rash / hives; bellyache; congested nose; itchy / watery eyes; tingling sensation in the mouth; swollen face or lips; itching

Severe reaction (symptoms): swelling of the mouth or tongue; difficulty swallowing or speaking; wheezing or difficulty breathing; abdominal pain, nausea, vomiting or diarrhea; dizziness or fainting

EPIPENS MUST BE ACCOMPANIED BY A SIGNED DOCTOR'S ORDER

PLACE/DATE _____ SIGNATURE _____
PARENT OR GUARDIAN