Food Allergy Chart

Name:

Record Number:

Date of Chart Creation:										
Allergen Information										
Allergen	Reactions	Severity								

Allergy Management Plan

Allergen Avoidance
Write down allergy, avoidance strategy, and alternative foods/suggestions here.
Emergency Action Plan
Write down what to do when there are signs of allergic reaction here.
Prescribed Medications
Write down the prescribed medication, dosage, and administration instructions here.

dditional note	s:			