



Allergy Plan

Child's Name: _____

Age: _____ Grade: _____ Date of Birth: _____

Adventure Club Site: _____

Allergy:

Triggers:

Avoidance Techniques:

Symptoms of allergic reaction:

Procedures for responding to allergic reaction:

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Doctor's contact information:

Name: _____ Phone: _____

Parent Signature: _____ Date: _____

Staff trained on _____'s Allergy Plan

Sign	Print	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____