

Allergic Reaction Review

CHILD'S NAME _____

TEACHER'S NAME _____

Date & Time when you first noticed symptoms? _____

What was the first symptom you noticed? _____

What other symptoms, if any, did you notice? _____

What was the child doing when he/she first experienced symptoms? _____

What had the child eaten just prior to experiencing symptoms? _____

Did the child come in contact with any food that may have contained allergens? YES NO

If yes, what food item do you think the child was exposed to? _____

Was epinephrine administered? YES NO

What other medication, if any, did you administer and what was the dosage? _____

Other notes that might be helpful to the physician or allergist? _____
