

Second Stage Allergic Reaction Review

CHILD'S NAME _____

DATE _____

ATTENDING PHYSICIAN'S NAME _____

When did you first notice symptoms? _____

What were the 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? _____

Please list the name and dosage of every medication administered.

MEDICATION	DOSAGE

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