

**First Lutheran Children's Programs  
Allergy Log & Action Plan**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Class:** \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING:**

My child has no known allergies	
My child has allergies (listed below)	

If your child has allergies, please complete the following ALLERGY LOG and ACTION PLAN so we can respond quickly and appropriately if your child has an allergic reaction while with us.

Allergy Triggers	Allergic Responses (check all that apply)							
	Runny Nose	Scratchy Throat	Hives	Itching	Rash	Face/Neck Swelling	Difficulty Breathing	Other
<b>FOODS:</b>								
Shellfish								
Peanuts								
Eggs								
Wheat								
Soy								
Milk								
Juices with dyes								
Other:								
<b>MEDICATIONS:</b>								
(Please list names)								
Antibiotics								
Pain Medications								
Anesthetics								
Other:								
<b>ENVIRONMENTAL:</b>								
Dust								
Mold								
pollen								
Grasses								
Trees								
Cats								
Dogs								
Insects								
Other:								

**Medication for above medical situation (please list)**

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

**Action Plan (please list in order of process):**

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_