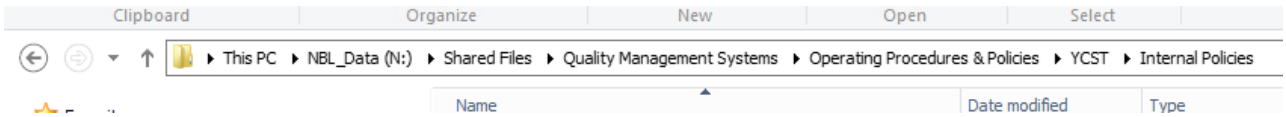


Health Care Plans

Action plan for Food Allergy and Intolerance

Photo	Name of Child
	Date of Birth:

My food allergy and/or intolerance is	

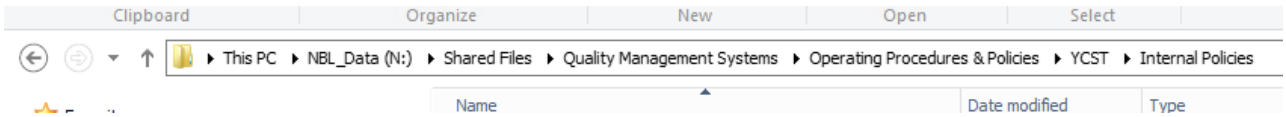
Signs / symptoms of having certain food	

Action to be taken	

Any medicine required	

What to do in an emergency	

How to Support me after an emergency	



Emergency Contact	
Name	
Work number	
Home number	
Mobile number	
Signed parent / guardian	
Date	

Plan to be reviewed annually on the following date	