Allergy Action Plan

Your allergies and what to do, written with your clinician.



WHY IT HELPS

A reaction can happen when you are not at home, and the people around you need to know what to do. This plan puts your clinician's instructions, your medicines and your contacts on one page you can share.

FOUR SMALL STEPS

Fill in	Complete the plan with your clinician and add a photo.
Share	Give a copy to school, work and anyone who looks after you.
Log	Write down any reaction while you still remember it.
Review	Bring it to each visit and update what has changed.

WHAT IS INSIDE

Example
A filled plan to show you how.

My plan
Allergies, signs, medicines and contacts.

Sharing my plan
Where medicines are and who has a copy.

Reactions
A reaction log and a review for your visit.

Keep it with your medicines. Store a copy where your medicines are, so whoever helps you can find the plan too.

CareClinic

EXAMPLE · ALLERGY ACTION PLAN · MY PLAN

NAME: Leo Martin

DATE OF BIRTH: March 3, 2015

PLAN MADE ON: October 2, 2026

REVIEW ON: At his next allergy visit

MY CLINICIAN: Dr. Okafor, allergy clinic

PHONE: (555) 318-2290

PHOTO

1 I am allergic to

Tick and add your own

- [x] Peanut
- [x] Tree nuts
- [ ] Milk
- [ ] Egg
- [ ] Wheat
- [ ] Soy
- [ ] Fish
- [ ] Shellfish
- [ ] Sesame
- [ ] Insect stings
- [ ] Medicine
- [ ] Latex

Other

- [x] I also have asthma

MILD

Mild reaction

SIGNS, AS MY CLINICIAN WROTE THEM

- Itchy mouth or lips
- A few hives
- Mild stomach ache

WHAT TO DO, FROM MY CLINICIAN

- Give the medicine for mild signs below
- Stay with Leo and watch him closely
- Call Mom

SEVERE

Severe reaction

SIGNS, AS MY CLINICIAN WROTE THEM

- Trouble breathing or wheezing
- Swelling of lips, tongue or throat
- Hives all over the body
- Feeling faint or very pale

WHAT TO DO, FROM MY CLINICIAN

- Give the medicine for severe signs below

Call 911 (or your local emergency number)

2 My medicines

MEDICINE	FOR	HOW MUCH	WHERE IT IS
Epinephrine auto-injector	Mild **Severe**	As Dr. Okafor prescribed	Backpack and nurse's office
Antihistamine	**Mild** Severe	As Dr. Okafor prescribed	Nurse's office
	Mild Severe		

3 Emergency contacts

NAME: Ana Martin, Mom

PHONE: (555) 402-7713

NAME: Luis Martin, Dad

PHONE: (555) 402-7790

NAME:

PHONE:

CLINICIAN SIGNATURE: C. Okafor

DATE: Oct 2, 2026

NAME

DATE OF BIRTH

PLAN MADE ON

REVIEW ON

MY CLINICIAN

PHONE

PHOTO

1 I am allergic to

Tick and add your own

Peanut · Tree nuts · Milk · Egg · Wheat · Soy · Fish · Shellfish · Sesame · Insect stings · Medicine · Latex

Other

☐ I also have asthma

MILD

Mild reaction

SIGNS, AS MY CLINICIAN WROTE THEM

WHAT TO DO, FROM MY CLINICIAN

SEVERE

Severe reaction

SIGNS, AS MY CLINICIAN WROTE THEM

WHAT TO DO, FROM MY CLINICIAN

Call 911 (or your local emergency number)

2 My medicines

MEDICINE	FOR	HOW MUCH	WHERE IT IS
	Mild · Severe		
	Mild · Severe		
	Mild · Severe		

3 Emergency contacts

NAME

PHONE

NAME

PHONE

NAME

PHONE

CLINICIAN SIGNATURE

DATE

Sharing my plan

Where your medicines are, who has a copy, and the places to plan ahead for.

1 Where my medicines are

Home, school, work, bag

MEDICINE	WHERE I KEEP IT	EXPIRES	REPLACED
			☐
			☐
			☐
			☐
			☐
			☐

2 Who has a copy of my plan

PERSON OR PLACE	GIVEN ON	KNOWS HOW TO HELP
		☐
		☐
		☐
		☐
		☐
		☐

3 Places to plan ahead for

Tick yours

School · Daycare · Camp · Sports · Restaurants · Travel · Friends' homes · Work · Parties

Notes

Check the dates. Write each expiry date here when you update your plan, and replace medicines before they run out.

My reaction log

Write down any reaction, even a mild one, while you still remember it.

YEAR

DATE	WHAT I WAS EXPOSED TO	SIGNS	USED MEDICINE	EMERGENCY VISIT	NOTES
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			☐	☐	
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Before my next visit

Count from your reaction log, then note what you want to change.

SINCE _____

1 Since my last visit

Reactions	Times I used my medicine	Emergency visits	Medicines to replace	New foods or places tried

2 What has changed

Reactions, foods, places

3 What I want to update

In my plan

4 Carrying my medicines

Anything that gets in the way

MEDICINE	I HAVE IT WITH ME	ANYTHING TO MENTION
	Always · Usually · Rarely	
	Always · Usually · Rarely	
	Always · Usually · Rarely	
	Always · Usually · Rarely	
	Always · Usually · Rarely	

FOR MY NEXT APPOINTMENT

Questions or changes to raise with my doctor, nurse or care team.