



PERSONAL ALLERGY MANAGEMENT PLAN

CUBOREE PACK NO:

CUBOREE ID NO:

Name: _____

ALLERGY

TRIGGER

SYMPTOMS

TREATMENT

FOLLOW-UP

ADDITIONAL INFORMATION:

Last known episode _____

Type of Reaction and time to develop _____

Action taken e.g. medication, epipen. _____

Outcome e.g. kept home, seen by Dr. sent to hospital _____

Number of known episodes _____