

_____ 's _____ Allergy
Your kiddo's name Your kiddo's allergen

Reaction Story

Date of Initial Reaction: _____

Symptoms
(Include duration)

Trigger food

Treatment

Testing Results

Date of Initial Testing: _____

Skin Test

Blood Test

_____ IgE

Total IgE

**Interpretation
& Plan**

Ingestion Challenge

Date of First In-Office Challenge: _____

Details

**Outcome
& Plan**

Epinephrine*

Devices & Expiration Dates

Home

School

*Set a reminder on your calendar for one month before a device expires, then ask your doc for a renewal!

Food Allergy and *Your Kiddo*

_____ 's
Your kiddo's name

_____ Allergy
Your kiddo's allergen

Testing Results

_____ Date

_____ Date

Skin Test

Blood Test

_____ IgE

Total IgE

Interpretation
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_____ Date

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Food Allergy and *Your Kiddo*