ALLERGY & MEDICATION TRACKER

Track reactions, doses, and effectiveness over time — bring to every appointment.

CHILD INFORMATION

Child's name: _____ **DOB:** _____

Weight: _____ **Tracker started:** _____

KNOWN ALLERGIES

Allergen	Severity	Diagnosed	Confirmed by

Severity scale: **Mild** (rash, itching) · **Moderate** (swelling, vomiting) · **Severe** (anaphylaxis — EpiPen required)

CURRENT MEDICATIONS

Medication	Dose	Frequency / when	Prescribed by	Started

HEALTHCARE CONTACTS

Pediatrician: _____ **Phone:** _____

Allergist: _____ **Phone:** _____

Pharmacy: _____ **Phone:** _____

Insurance: _____ **Policy #:** _____

EMERGENCY ACTION PLAN

Print and post on the fridge. Share with every caregiver.

THIS CHILD

Child's name: _____ **DOB:** _____

Weight: _____ **Today's date:** _____

SEVERE ALLERGENS — AVOID AT ALL COSTS

EPIPEN LOCATION

Where EpiPen is stored at home: _____

Backup EpiPen location (school/bag): _____

EMERGENCY ACTION PLAN — ANAPHYLAXIS

Signs: swelling of lips/tongue/throat, trouble breathing, widespread hives, vomiting, dizziness, loss of consciousness.

1. Give EpiPen immediately (outer thigh, hold 3 seconds).

2. Call 911 — say "anaphylaxis, EpiPen given."
3. Lay child flat, legs elevated (or sitting up if breathing is hard).
4. Second EpiPen after 5 min if no improvement.
5. Go to ER even if symptoms improve — biphasic reactions can occur up to 4 hours later.

CALL IN THIS ORDER

Parent 1: _____ **Cell:** _____

Parent 2: _____ **Cell:** _____

Pediatrician: _____ **Phone:** _____

Allergist: _____ **Phone:** _____

REACTION & DOSE LOG

Tip: *log every accidental exposure, every dose of rescue medication, and every food trial. Take this to your allergist appointment — patterns over weeks are more useful than what you remember in the office.*

Date	Time	Symptom or trigger	Treatment (med + dose)	Reaction / result	Notes

REACTION & DOSE LOG

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