



MY ALLERGIES OR SENSITIVITIES

Document if you have any allergies to medication, food, substances and the type of reaction you have and how it is treated/managed

I HAVE THE FOLLOWING ALLERGIES: (Include medication, food, objects to which you are sensitive, etc.)	I USUALLY HAVE THIS REACTION TO THE ALLERGEN (Write what happens when you come in contact with the allergen – and the care you need after such contact.)