

Allergy Log

Child's Name: _____

Food	Reaction	Date
<i>Ex: Peanuts</i>	<i>Hives</i>	<i>12/1/14</i>

Medication	Reaction	Date

Other	Reaction	Date
<i>Ex: Wool</i>	<i>Rash</i>	<i>6/18/99</i>