

My Allergies

Name: _____

Food Allergies

Allergic to:	Medication prescribed:

Natural/Seasonal Allergies

Allergic to:	Medication prescribed:

Animals

Allergic to:	Medication prescribed:

Medications

Allergic to:	Medication prescribed:

Other Allergies

Allergic to:	Medication prescribed:

Physician information

Name: _____
Address: _____
Phone: _____