

Pediatric Allergy Management Plan

Date: [Insert Date]

To: [Parent's Name]

From: [Doctor's Name]

Clinic: [Clinic Name]

Subject: Allergy Management Plan for [Child's Name]

Dear [Parent's Name],

We have developed an allergy management plan for your child, [Child's Name], in consultation with our allergy specialist. Please review the plan below and follow the recommendations to ensure your child's safety and well-being.

Allergy Diagnosis:

[List specific allergies (e.g., peanuts, tree nuts, dairy)]

Symptoms to Monitor:

- Hives or rash
- Swelling of the face, lips, or tongue
- Difficulty breathing
- Stomach cramps or vomiting

Avoidance Strategies:

Please ensure that [Child's Name] avoids the following:

- [List specific foods or environments to avoid]

Emergency Action Plan:

In case of an allergic reaction, please follow these steps:

1. Administer [Epinephrine Auto-Injector] immediately if severe symptoms occur.
2. Call 911 or go to the nearest emergency room.
3. Inform emergency responders about the allergy.

Medications:

The following medications may be prescribed:

- [List prescribed medications and instructions]

Follow-Up Appointments:

Please schedule a follow-up appointment in [insert timeframe] to monitor [Child's Name]'s allergies and adjust the management plan as necessary.

If you have any questions or concerns, please do not hesitate to contact our office at [Phone Number] or [Email Address].

Thank you for your cooperation.

Sincerely,

[Doctor's Name]
[Title]
[Clinic Name]
[Contact Information]