

Allergy Control Plan for [Team Name]

Date: [Insert Date]

Dear [Coach/Manager's Name],

This document serves as an Allergy Control Plan for our sports team, [Team Name]. It is essential to ensure a safe and inclusive environment for all players, especially those with known allergies.

Player Information

Player Name: [Insert Player's Name]

Allergies: [Insert Allergies]

Emergency Contact: [Insert Contact Information]

Prevention Strategies

- No consumption of [specific allergen] at team events.
- Regular communication with the team about allergy awareness.
- Ensure epinephrine auto-injectors are available and accessible.

Emergency Action Plan

In case of an allergic reaction:

1. Administer epinephrine if the player shows symptoms of anaphylaxis.
2. Call emergency services at [Insert Emergency Number].
3. Inform the player's guardian immediately.

Conclusion

Please adhere to this plan to provide a safe sporting environment. Together we can ensure that all team members enjoy a positive experience.

Sincerely,

[Your Name]

[Your Position]

[Contact Information]