Organisation name Site or unit		FORM Allergy action plan	
Document ID	ALR-FRM-004	**Version**	1.0
Status	Blank form, to adapt	**Issue date**	
Review date		**Replaces**	
Owner		**Approved by**	
Signature			

Form · ALR-FRM-004 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 53.5

1. Purpose

Gives the patient a written plan for avoiding their allergens and for treating a reaction in an emergency.

2. How to complete

- List the agents to avoid and the safe alternatives.
- Write the emergency steps and the medicine to use.
- Give a copy to the patient and the referrer, and record the date.

3. Checks

Check	Entry
Agents to avoid	Yes
Safe alternatives	Yes
Emergency steps and medicine	Yes
Copy given to patient and referrer	Yes

4. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

5. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

6. References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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