**Allergic travelers should carry their Medications and written Action Plans with them at all times when they travel.** Asthma and allergy **rescue medications** should be carried in hand luggage or on the person. **Rescue medication** should not be put in checked luggage, as these need to be readily available, can be broken with rough handling, may be lost if luggage goes missing, must not be subjected to temperature fluctuations. **Rescue medications** may include: one or more of adrenaline auto-injector device(s), antihistamines (as tablet or syrup), asthma inhalers, eczema treatment creams, eye drops. Allergic travelers with a **Food Allergy** should also be allowed to carry with them an adequate supply of safe food to consume while traveling to avoid exposure to unrecognized food allergens.

**FULL NAME (as shown on passport)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF BIRTH (as shown on passport)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **ALLERGIC DISEASES** | **YES** | **NO** | **Personalised Action plan available** |
| Asthma |  |  | Yes / No |
| Allergic Rhino-Conjunctivitis |  |  | Yes / No |
| Food Allergy |  |  | Yes / No |
| Atopic Dermatitis |  |  | Yes / No |
| Insect Venom Allergy |  |  | Yes / No |
| Drug Allergy |  |  | Yes / No |
| Other Allergies |  |  | Yes / No |

**CONFIRMED ALLERGEN(S**)**:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF THE CONTROLLER MEDICATION(S)**

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**NAME OF THE RESCUE MEDICATION(S):**

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**This Medical Authorization has been prepared by**

**Dr.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUGGESTED CHECKLIST:**

This checklist includes some of the common items which are needed and useful.

It is not exhaustive and there is room for personal additions you or your healthcare team may want to make.

|  |  |  |  |
| --- | --- | --- | --- |
| **PLANNING** |  |  |  |
| Language / translations? |  |  |  |
| All medication in date? |  |  |  |
| Enough medication  for time away? |  |  |  |
| Doctor’s letter needed? |  |  |  |
| Luggage restrictions? |  |  |  |
| Cool bag needed? |  |  |  |
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|  |  |  |  |
| **PACKING** |  |  |  |
| Cabin luggage (with you!) |  |  |  |
| =emergency medications |  |  |  |
| =expensive mediations |  |  |  |
| =rescue medications |  |  |  |
| =things you won’t get easily  Where you are going |  |  |  |
| =emergency plans |  |  |  |
|  |  |  |  |
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|  |  |  |  |
| **OTHER:** |  |  |  |
| =save all letters, plans in  your e-mail, cloud, on your  phone… |  |  |  |
| =health insurance |  |  |  |
| =emergency contacts |  |  |  |
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