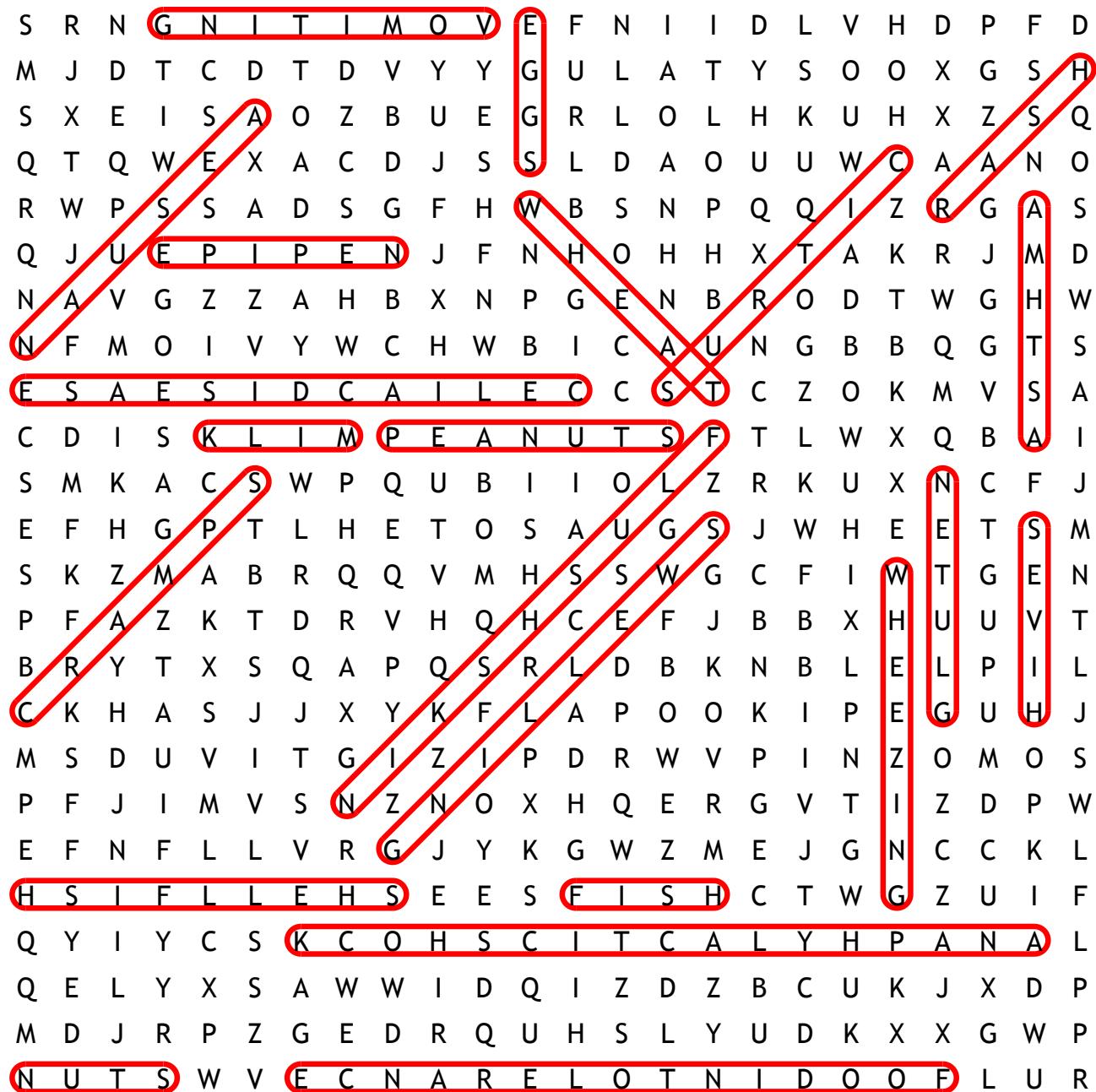


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Food allergies and intolerances



anaphylactic shock	food intolerance	celiac disease	flush skin
shellfish	swelling	wheezing	vomiting
peanuts	citrus	asthma	nausea
cramps	EpiPen	gluten	hives
wheat	fish	rash	nuts
eggs	milk		