**Allergy Passport for Travel**

**Allergic travellers 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. They can also be broken with rough handling, may be lost if luggage goes missing and must not be subjected to temperature fluctuations. **Rescue medications** may include: one or more adrenaline auto-injector device(s), antihistamines (tablet or syrup), asthma inhalers, eczema treatment creams, eye drops. If they prefer to do so, allergic travellers with a **food allergy** should also be allowed to carry with them an adequate supply of safe food to consume while travelling to avoid exposure to unrecognised food allergens.

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **ALLERGIC CONDITIONS** | **YES** | **NO** | **Personalised Action Plan available** |
| Asthma |  |  | Yes / No |
| Allergic Rhino-Conjunctivitis |  |  | Yes / No |
| Food Allergy |  |  | Yes / No |
| Eczema (Atopic Dermatitis) |  |  | Yes / No |
| Insect Venom Allergy |  |  | Yes / No |
| Drug Allergy |  |  | Yes / No |
| Other Allergies |  |  | Yes / No |

**CONFIRMED ALLERGEN(S):**

**NAME OF CONTROLLER MEDICATION(S)**

**NAME OF RESCUE MEDICATION(S)**

**This Allergy Passport has been prepared by:**

**Name**: …………………………………………………………………………………………

**Hospital/Clinic**: ……………………………………………………………………………..

**Contact:** …………………………………………………**Date:**……………………………

**SUGGESTED CHECKLIST FOR TRAVEL:**

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? |  |  |
| Health insurance |  |  |
| UK GHIC card (for EU travel) |  |  |
| For eczema = test any sun-cream before you go |  |  |
| What would you do / where to go in an emergency |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **PACKING** |  |  |
| Cabin luggage (with you!) |  |  |
| = emergency medications |  |  |
| = expensive mediations |  |  |
| = rescue medications |  |  |
| = things you won’t get easily where you are going |  |  |
| = all your emergency plans |  |  |
|  |  |  |
|  |  |  |
| **OTHER:** |  |  |
| =save all letters, plans in  your e-mail, cloud, on your  phone… |  |  |
| = Medical ID and SOS contacts on your phone |  |  |
| =emergency contacts |  |  |
| = if relevant for you, MedicAlert or similar alert product or card |  |  |
| = consider destination language |  |  |
| = contact airline in advance if you require additional luggage allowance *(e.g if you need to carry safe foods or larger amounts of eczema creams; \*this includes infant formula for parents of allergic infants);*  = request supporting letter from your clinical team if needed. |  |  |
|  |  |  |