

FOOD ALLERGY ACTION PLAN

ALLERGY TO: _____

Student's Name: _____ D.O.B: _____ Teacher: _____

Asthmatic: *Yes No

* = High Risk for severe reaction

SIGNS OF AN ALLERGIC REACTION

Systems:

Symptoms:

- MOUTH itching & swelling of the lips, tongue or mouth
*THROAT itching and/or a sense of tightness in the throat, hoarseness and hacking cough
SKIN hives, itchy rash and/or swelling about the face or extremities
GUT nausea, abdominal cramps, vomiting, and/or diarrhea
*LUNG shortness of breath, repetitive coughing, and/or wheezing
*HEART "thready" pulse, "passing out"

The severity of symptoms can quickly change. *All above symptoms can potentially progress to a life-threatening situation.

ACTION FOR MINOR REACTION

- 1. If only symptom(s) are: _____, give _____ medication/dose/route

Then call:

- 2. Mother _____, Father _____, or emergency contacts.
3. Dr. _____, at _____.

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

ACTION FOR MAJOR REACTION

- 1. If ingestion is suspected and/or symptom(s) are: _____, give _____ IMMEDIATELY! medication/dose/route

Then call:

- 2. Rescue Squad (ask for advanced life support)
3. Mother _____, Father _____, or emergency contacts.
4. Dr. _____, at _____.

DO NOT HESITATE TO CALL RESCUE SQUAD!

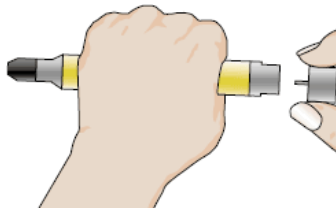
Parent's Signature _____ Date _____

Doctor's Signature _____ Date _____

EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1. _____ Relation: _____ Phone: _____	1. _____ Room _____
2. _____ Relation: _____ Phone: _____	1. _____ Room _____
3. _____ Relation: _____ Phone: _____	1. _____ Room _____

EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off gray activation cap.



2. Hold black tip near outer thigh (always apply to thigh).



3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and discarded. Massage the injection area for 10 seconds.

For children with multiple food allergies, use one form for each food.

