

# Food Allergy Action Plan

Place Child's  
Picture Here

**ALLERGY TO:**

**NEVER SEND STUDENT WITH SUSPECTED ALLERGIC RESPONSE ANYWHERE, ALONE!**

Student's Name:

D.O.B:

Teacher:

Asthmatic: Yes\*  No

\*If yes, 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: \_\_\_\_\_

Emergency Contacts:

3. Doctor: \_\_\_\_\_ at \_\_\_\_\_

(See next page)

**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 symptoms(s) are:**

Give (medication/dose/route) \_\_\_\_\_ IMMEDIATELY!

Then call:

2. 911 (ask for advanced life support)

3. Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Emergency Contacts:

4. Doctor: \_\_\_\_\_ at \_\_\_\_\_

(See next page)

School Principal or Administrator

**DO NOT HESITATE TO CALL RESCUE SQUAD!**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## EPIPEN<sup>®</sup> AND EPIPEN<sup>®</sup> JR. DIRECTIONS

### 1. Pull off gray safety cap.



### 2. Place black tip on outer thigh (always apply to thigh)



**3. Using a quick motion, press hard into thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen<sup>®</sup> 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.

