

Food Allergy Action Plan

Allergy to: _____

Student's Name _____

DOB: _____ Teacher: _____

Asthmatic: *Yes No *High risk for severe reaction.



SIGNS OF AN ALLERGIC REACTION

Systems

Symptoms

Mouth

itching and 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 of the above symptoms can potentially progress to a life-threatening situation.

ACTION FOR MINOR REACTION

1. If only symptoms are _____, give _____ medication/dose/route

Then call: 2. Mother _____ Father _____, or emergency contacts.

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 are: _____, give _____ IMMEDIATELY!
medication/dose/route

Then call: Rescue Squad (ask for advanced life support)

3. Mother _____ Father _____, or emergency contacts.

Do Not Hesitate to Call Rescue Squad!

Parent's Signature _____ Date _____

Doctor's Signature _____ Date _____

EMERGENCY CONTACTS

1. _____
Relationship: _____ Phone: _____
2. _____
Relationship: _____ Phone: _____
3. _____
Relationship: _____ Phone: _____

TRAINED STAFF MEMBERS

1. _____ Room _____
2. _____ Room _____
3. _____ Room _____

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