

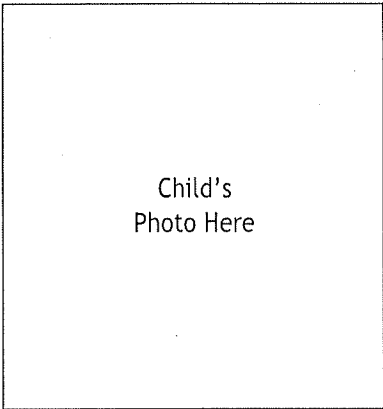
# Food Allergy Action Plan

Allergy to: \_\_\_\_\_

Student's Name \_\_\_\_\_

DOB: \_\_\_\_\_ Teacher: \_\_\_\_\_

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



## SIGNS OF AN ALLERGIC REACTION

<u>Systems</u>	<u>Symptoms</u>
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	<i>thready</i> 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.