



Excellence in Education, Foundations in Faith...

### Food Allergy Action Plan

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Class: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Asthmatic Yes\*  No  \*higher risk for severe reaction

#### \* STEP 1: TREATMENT \*

##### Symptoms:

- If a food allergen has been ingested but *no symptoms*:
- Mouth: Itching, tingling, or swelling of lips, tongue, mouth
- Skin: Hives, itchy rash, swelling of the face or extremities
- Gut: Nausea, abdominal cramps, vomiting, diarrhea
- Throat: Tightening of throat, hoarseness, hacking cough
- Lung: Shortness of breath, repetitive coughing, wheezing
- Heart: Thready pulse, low blood pressure, fainting, pale, blue
- Other: \_\_\_\_\_
- If reaction is progressing (several of the above areas affected)

##### Give Checked Medication:

- EpiPen  Antihistamine
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The severity of symptoms can quickly change. + Potentially life threatening

##### Dosage:

Epinephrine: inject intramuscularly (check one)  EpiPen  EpiPen Jr.

Antihistamine: give \_\_\_\_\_ medication/dose

Other: give \_\_\_\_\_ medication/dose

#### \*STEP 2: EMERGENCY CALLS \*

1. Call 911 and state that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call Dr. \_\_\_\_\_ at \_\_\_\_\_
3. Emergency contacts:
  - \_\_\_\_\_ @ \_\_\_\_\_
  - \_\_\_\_\_ @ \_\_\_\_\_

I hereby authorize The Children's Corner to post this information in my child's classroom.

\_\_\_\_\_  
(E-signature will be collected with contract)

\_\_\_\_\_  
(Date)