Food Allergy Action Plan

Children with multiple food allergies should use one (1) form for each food.

Allergy to: ________________________________

Student’s Name: ____________________________ Date of Birth: __________ Teacher: __________________

☐ Yes* ☐ No *High risk for severe reaction

Asthmatic

SIGNS OF AN ALLERGIC REACTION

Systems Symptom

Mouth Itching & swelling of the lips, tongue, or mouth

Throat* Itching and/or sense of tightness in the throat, hoarseness, 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. *Symptoms can potentially progress to a life-threatening situation.

STEPS FOR MINOR REACTION

1. If only symptom(s) are: ________________________________
   give
   Medication/dose/route ________________________________

2. Call parent/guardian at ________________________________, or emergency contact.
   Phone Number

3. Call physician at ________________________________
   Phone Number

If condition does not improve within ten (10) minutes, follow steps for major reaction.

STEPS FOR MAJOR REACTION

1. If ingestion is suspected and/or symptom(s) are: ________________________________ IMMEDIATELY!
   give ________________________________
   Medication/dose/route ________________________________

2. Call Rescue Squad and ask for advanced life support.

3. Call parent/guardian at ________________________________, or emergency contact.
   Phone Number

4. Call physician at ________________________________
   Phone Number

DO NOT HESITATE TO CALL RESCUE SQUAD!

Parent/guardian Signature __________________________ Date __________________

Physician Signature __________________________ Date __________________