

Food Allergy Action Plan



ALLERGY TO: _____

Student's Name _____ D.O.B _____ Teacher _____

Asthmatic Yes* No *High risk for severe reaction

◆ SIGNS OF AN ALLERGIC REACTION ◆

<u>Systems:</u>	<u>Symptoms:</u>
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*	“thread” 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:
- Mother _____, Father _____, or emergency contacts.
 - Dr. _____ at _____

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 symptom(s) are: _____
give _____ IMMEDIATELY!
Medication/dose/route

- Then call:
- Rescue Squad (ask for advanced life support)
 - Mother _____, Father _____, or emergency contacts.
 - Dr. _____ at _____

DO NOT HESITATE TO CALL RESCUE SQUAD!

Parent's Signature _____ Date _____

Doctor's Signature _____ Date _____