

Food Allergy Action Plan

ALLEGY TO: _____

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

Asthmatic Yes No *High risk for sever reaction

★ SIGNS OF AN ALLERGIC REACTION ★

SYSTEMS:

SYMPTOMS:

>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 symptoms(s) are: _____,
give (medication/dose/route) _____

Then call:

2. Mother _____, Father _____, or emergency contacts.
3. 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 (medication/dose/route) _____ **IMMEDIATELY!**

Then call:

2. Rescue Squad 911 (ask for advanced life support)
3. Mother _____, Father _____, or emergency contacts.
4. Dr. _____ at _____

DO NOT HESITATE TO CALL RESCUE SQUAD!

Parent's signature _____ Date _____ Doctor's Signature _____ Date _____