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| FOOD ALLERGY ACTION PLAN Student Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PictureALLERGY TO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_Asthmatic Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ STEP 1 TREATMENT

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| --- |
| **Symptoms Give Checked Medication\*\*** **\*\* (to be determined by**  **Physician authorizing treatment)**  |
| * If a food allergen has been ingested, but *no symptoms:* Epinephrine Antihistamine
 |
| * Mouth: Itching tingling, or swelling of lips, tongue, mouth Epinephrine Antihistamine
 |
| * Skin Hives, itchy rash, swelling of the face or extremities Epinephrine Antihistamine
 |
| * Gut Nausea, abdominal cramps, vomiting, diarrhea Epinephrine Antihistamine
 |
| * Throat+ Tightening of throat, hoarseness, hacking cough Epinephrine Antihistamine
 |
| * Lung+ Shortness of breath, repetitive coughing, wheezing Epinephrine Antihistamine
 |
| * Heart+ Weak or thread pulse, low blood pressure, fainting, Epinephrine Antihistamine

Pale blueness |

 +potentially life threatening. Severity of symptoms can change quickly**DOSAGE:****Epinephrine:** inject intramuscularly (circle one) EpiPen EpiPenJr Twinject 0.3 mg Twinject 0.15 mgSee reverse side for instructions**Antihistamine:** give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medication/Dose/Route**Other:** give\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medication/Dose/RouteSTEP 2 EMERGENCY CALLS1. Call 911 \_\_\_\_ State that an allergic reaction has been treated and additional epinephrine may be needed.
2. Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Emergency Contacts

Name/relationship Phone No.1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVEN IF PARENTS/GUARDIANS CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO A MEDICAL FACILITY.**Parent/Guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_Doctor signature (required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**\*If enough personnel are present, Steps 1 and 2 should be done simultaneously**