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| FOOD ALLERGY ACTION PLAN  Student  Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Picture  ALLERGY TO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Asthmatic Yes\_\_\_\_\_\_ No\_\_\_\_\_\_  STEP 1 TREATMENT   |  | | --- | | **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 mg  See reverse side for instructions  **Antihistamine:** give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medication/Dose/Route  **Other:** give\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medication/Dose/Route  STEP 2 EMERGENCY CALLS   1. 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**