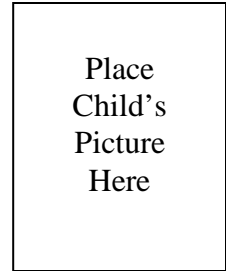


Food Allergy Action Plan

ALLERGY TO: _____

Student's Name: _____ DOB: _____ Teacher: _____



Asthmatic No *High risk for severe reaction
Yes*

► 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*	"thready" 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

_____ IMMEDIATELY!

medication/dose/route

Then call:

2. Rescue Squad (ask for advanced life support)

3. Mother _____, Father _____ or emergency contacts.

4. Dr. _____ at _____

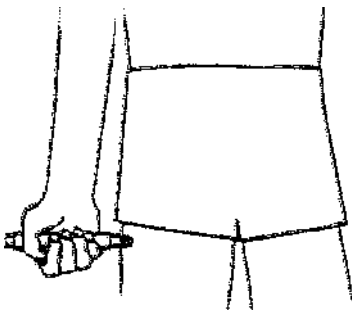
DO NOT HESITATE TO CALL RESCUE SQUAD!

Parent's Signature: _____ Date: _____ Doctor's Signature _____ Date _____

EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1. Relation: Phone:	1. Room
2. Relation: Phone:	2. Room
3. Relation: Phone:	3. Room

EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off gray activation cap.
2. Hold black tip near outer thigh (always apply to thigh),



3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and taken with you to the Emergency Room. Massage the injection area for 10 seconds.

For children with multiple food allergies, use one form for each food.

