

## Food Allergy Emergency Action Plan- 2018/2019

Student's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

**ALLERGY TO:** \_\_\_\_\_

Does your child have a history of asthma? \* Yes  No  \*If yes, HIGH RISK for severe reaction

### Signs/Symptoms of an Allergic Reaction

- MOUTH: Itching/swelling of the lips, tongue, &/or mouth
- \*THROAT: Hoarseness, hacking cough, itching &/or sense of tightness in the throat
- SKIN: Hives, itchy rash, &/or swelling of the face/extremities
- ABDOMEN: Nausea, cramping, vomiting, &/or diarrhea
- \*LUNG: Shortness of breath, repetitive coughing, &/or wheezing
- \*HEART: Thready pulse, syncope or near-syncope

\*All above signs/symptoms can potentially progress to a life-threatening situation. The severity of symptoms can quickly change.

### ✦ ACTION FOR MINOR REACTION ✦

1. If the only symptom is \_\_\_\_\_,  
give \_\_\_\_\_ (medication/dose/route).
2. Call Mom: \_\_\_\_\_  
Dad: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

**If condition does not improve within 10 minutes, follow steps for Major Reaction below.**

### ✦ ACTION FOR MAJOR REACTION ✦

1. If ingestion is suspected &/or symptoms are \_\_\_\_\_,  
Give EpiPen/EpiPen Jr. **IMMEDIATELY!!**  
  
Then call:
2. 911
3. Mom: \_\_\_\_\_  
Dad: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

**IF EPINEPRINE IS ADMINISTERED, YOU MUST CALL 911!!**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EMERGENCY CONTACTS:	TRAINED STAFF MEMBERS:
1. Name/Relationship:	1. Name: Keri Faust, RN
Phone Number:	Room #: Clinic- 156
2. Name/Relationship:	2. Name:
Phone Number:	Room #:
3. Name/Relationship:	3. Name:
Phone Number:	Room #:

