



# Food Allergy Action Plan

PLEASE PRINT LEGIBLY

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

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

Asthmatic: Yes\*  No  (\*High risk for severe 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*	"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 symptom(s) are: \_\_\_\_\_

give \_\_\_\_\_  
*medication/dose/route*

2. Then call: \_\_\_\_\_ or emergency contacts.  
*Mother Father*

3. Then call: Dr. \_\_\_\_\_ at \_\_\_\_\_

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

## Action for Minor Reaction:

1. If ingestion is suspected and/or symptom(s) are:

give \_\_\_\_\_  
*medication/dose/route*

Then call: Rescue Squad (ask for advanced life support)

Then call: \_\_\_\_\_ or emergency contacts.  
*Mother Father*

3. Then call: Dr. \_\_\_\_\_ at \_\_\_\_\_

Allergy To:

\_\_\_\_\_  
\_\_\_\_\_

Place  
Student's  
Picture  
Here

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*School Nurse's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Date*

# How to give EpiPen®

adrenaline (epinephrine) autoinjectors

## Emergency Contacts:

1. \_\_\_\_\_

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

2. \_\_\_\_\_

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

3. \_\_\_\_\_

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

## Trained Staff Members:

1. \_\_\_\_\_

Room: \_\_\_\_\_

2. \_\_\_\_\_

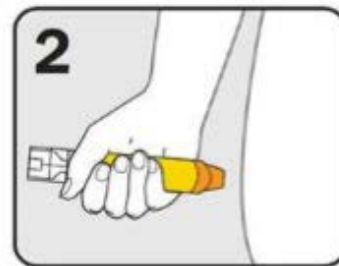
Room: \_\_\_\_\_

3. \_\_\_\_\_

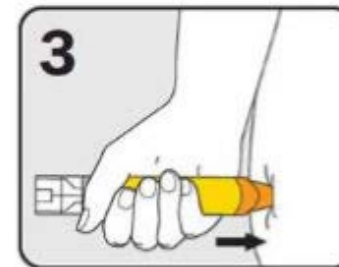
Room: \_\_\_\_\_



**1. Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE**



**2. Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)**



**3. PUSH DOWN HARD until a click is heard or felt and hold for 3 seconds REMOVE EpiPen®**

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. Adapted from the Food Allergy and Anaphylaxis Network