

# Food Allergy Action Plan

Place  
Child's  
Picture  
Here

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

Student's  
Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Teacher: \_\_\_\_\_

Asthmatic Yes\*  No  \*High risk for severe reaction

## ◆ SIGNS OF AN ALLERGIC REACTION ◆

<u>Systems:</u>	<u>Symptoms:</u>
*MOUTH	itching & swelling of the lips, tongue, or mouth
*THROAT	itching and/or 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	"thread" 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

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 RESUE SQUAD!**

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

