

## Food Allergy Action Plan

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

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

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

PLACE  
CHILD'S  
PICTURE  
HERE

**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) \_\_\_\_\_.  
Then call: \_\_\_\_\_
2. Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
Or emergency contact \_\_\_\_\_
3. Dr. \_\_\_\_\_ Phone #: \_\_\_\_\_

If condition does not improve within 10 minutes, follow the steps for MAJOR REACTION below.

### ◆ ACTION FOR MAJOR REACTION ◆

1. If ingestion is suspected and/or symptom(s) are: \_\_\_\_\_  
give (medication/dose/route) \_\_\_\_\_ **IMMEDIATELY!**  
Then call: \_\_\_\_\_
2. Rescue Squad (ask for advance life support)
3. Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
Or emergency contact \_\_\_\_\_
4. Dr. \_\_\_\_\_ Phone #: \_\_\_\_\_

**DO NOT HESITATE TO CALL THE RESCUE SQUAD!**

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

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