Food Allergy Action Plan

Name: ___________________________ D.O.B.: ___ / ___ / ___

Allergy to: _________________________

Weight: _____ lbs. Asthma: □ Yes (higher risk for a severe reaction) □ No

Extremely reactive to the following foods: _____________________________

THEREFORE:
□ If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.
□ If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:
- **LUNG:** Short of breath, wheeze, repetitive cough
- **HEART:** Pale, blue, faint, weak pulse, dizzy, confused
- **THROAT:** Tight, hoarse, trouble breathing/swallowing
- **MOUTH:** Obstructive swelling (tongue and/or lips)
- **SKIN:** Many hives over body

Or combination of symptoms from different body areas:
- **SKIN:** Hives, itchy rashes, swelling (e.g., eyes, lips)
- **GUT:** Vomiting, diarrhea, crampy pain

**MILD SYMPTOMS ONLY:**

- **MOUTH:** Itchy mouth
- **SKIN:** A few hives around mouth/face, mild itch
- **GUT:** Mild nausea/discomfort

Medications/Doses

Epinephrine (brand and dose): _____________________________

Antihistamine (brand and dose): _____________________________

Other (e.g., inhaler-bronchodilator if asthmatic): _____________________________

Monitoring

**Stay with student; alert healthcare professionals and parent.** Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

Parent/Guardian Signature ___________________________ Date ____________

Physician/Healthcare Provider Signature ___________________________ Date ____________

TURN FORM OVER Form provided courtesy of the Food Allergy & Anaphylaxis Network (www.foodallergy.org) 9/2011
Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions

Remove GREY caps labeled “1” and “2.”

Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student’s physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Contacts
Call 911 (Rescue squad: (___) ____-________) Doctor: ____________________ Phone: (___) ____-________
Parent/Guardian: __________________________________________________________ Phone: (___) ____-________

Other Emergency Contacts
Name/Relationship: ___________________________________________ Phone: (___) ____-________
Name/Relationship: ___________________________________________ Phone: (___) ____-________