FOOD ALLERGY ACTION PLAN

Place Child's Picture Here

Student's Name _____ D.O.B. _____

Level _____ Teacher _____

ALLERGIC TO: _____

Asthmatic ____Yes* ____ No (* higher risk for severe reaction)

STEP 1: TREATMENT

Symptoms - give Checked Medication:

If a food allergen has been ingested, but no symptoms:	☐ EpiPen	☐ Antihistamine
Mouth itching, tingling or swelling of lips, tongue mouth:	☐ EpiPen	☐ Antihistamine
Skin Hives, itchy rash, swelling of the face or extremities:	☐ EpiPen	☐ Antihistamine
Gut Nausea, abdominal cramps, vomiting, diarrhea:	☐ EpiPen	☐ Antihistamine
Throat = tightening of throat, hoarseness, hacking cough:	☐ EpiPen	☐ Antihistamine
Lung = shortness of breath, repetitive coughing, wheezing:	☐ EpiPen	☐ Antihistamine
Heart = thready pulse, low blood pressure, fainting, pale, blueness:	☐ EpiPen	☐ Antihistamine
Other = _____	☐ EpiPen	☐ Antihistamine
If reaction is progressing (several of the above areas affected) give:	☐ EpiPen	☐ Antihistamine

The severity of symptoms can quickly change. Potentially life-threatening.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen OR EpiPen Jr.

Antihistamine: give _____medication/dose/route

Other: give _____medication/dose/route

STEP TWO: EMERGENCY CALLS

1. Call 911 (or Rescue Squad) _____

State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ at ( ) _____

3. Emergency Contacts:

Name/Relationship/Phone Number(s)

A.

_____

_____

B.

_____

_____

C.

_____

_____

EVEN IF PARENT/GUARDIAN CANNONT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

The student is both capable and responsible for self administering the EpiPen

☐ Yes ☐ No

I give my permission to have Faith Formation staff members and those listed below, administer an Epi Pen prescribed by Dr. _____ to my child.

IN ADDITION:

1) _____ Room _____

2) _____ Room _____

3) _____ Room _____

- I give permission to Our Lady of Grace Parish to share with appropriate personnel this information as deemed necessary for my child's health and safety.
- I release Our Lady of Grace Parish, its officers, directors, agents, employees, independent contractors, licensees and assignees from all claims that I now have or in the future may have, relating to the above.
- I am the parent or guardian of the minor named on page one, and I hereby consent to the foregoing on behalf of the minor and myself.

Signature of Parent/Guardian _____ Date _____

Doctor's Signature _____ Date _____