KENSTON SCHOOLS

Place Child's Picture Here

Food Allergy Action Plan

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

ALLERGY TO: _____

Asthmatic Yes* ••No• *Higher risk for severe reaction

•STEP 1: TREATMENT•

Symptoms:		**Give Checked Medication**:** **(To be: determined by physician authorizing treatment)	
*	If a food allergen has been ingested, but *no symptoms*:	☐ Epinephrine	☐ Antihistamine
*	Mouth Itching, tingling, or swelling of lips, tongue, mouth	☐ Epinephrine	☐ Antihistamine
*	Skin Hives, itchy rash, swelling of the face or extremities	☐ Epinephrine	☐ Antihistamine
*	Gut Nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine	☐ Antihistamine
*	Throat• Tightening of throat, hoarseness, hacking cough	☐ Epinephrine	☐ Antihistamine
*	Lung• Shortness of breath, repetitive coughing, wheezing	☐ Epinephrine	☐ Antihistamine
*	Heart• Weak or thready pulse, low blood pressure, fainting, pale, blueness	☐ Epinephrine	☐ Antihistamine
*	Other• _____	☐ Epinephrine	☐ Antihistamine
*	If reaction is progressing (several of the above areas affected), give:	☐ Epinephrine	☐ Antihistamine

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

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg (see reverse side for instructions)

Antihistamine give _____
medication/dose/route

Other: give _____
medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylasis.

•STEP 2: EMERGENCY CALLS•

1. Call 911 (or Rescue Squad:_____) State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. _____ Phone Number: _____
3. Parent _____ Phone Number(s): _____
4. Emergency contacts:

Name/Relationship	Phone Number(s)	
a._____	1.) _____	2.)_____
b._____	1.) _____	2.)_____

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

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____
(Required)