

Place child’s picture here

**Food Allergy Action Plan**

Student’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B.\_\_\_\_\_\_\_\_\_\_\_Class \_\_\_\_\_\_\_\_\_\_\_\_

**Allergy to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asthmatic Yes\*\_\_\_\_\_\_ No\_\_\_\_\_\_ \*Higher risk of severe reaction

**STEP 1: TREATMENT**

**Symptoms:** **Give Checked Medication**

* If a food allergen has been ingested, but no symptoms:  Epinephrine  Medication
* Mouth Itching, tingling, or swelling of lips, tongue or mouth  Epinephrine  Medication
* Skin Hives, itchy rash, swelling of face or extremities  Epinephrine  Medication
* Gut Nausea, abdominal cramps, vomiting, diarrhea  Epinephrine  Medication
* Throat† Tightening of throat, hoarseness, hacking cough  Epinephrine  Medication
* Lung† Shortness of breath, repetitive coughing, wheezing  Epinephrine  Medication
* Heart† Thready pulse, low blood pressure, fainting, blueness  Epinephrine  Medication
* Other† \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Epinephrine  Medication

† potentially life threatening The severity of symptoms can quickly change.

**Medication Dosage:**

**Epinephrine**: inject IM (circle one) EpiPen® EpiPen® Jr. Twinject™0.3mg Twinject™0.15mg Auvi-Q™0.15mg Auto injector Auvi-Q™0.3mg Auto injector

**Antihistamine**: give\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication/Dosage/Route

**Other**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication/Dosage/Route

**STEP 2: EMERGENCY CALLS**

Call 911 [or **Hatzalah** (718 or 212)230-1000; (718 or 212) 387-1750]. State that an allergic reaction has been

treated, and additional epinephrine may be needed.

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contacts:

Name/Relationship Phone Numbers

a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED,**

**DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY**

**Parent/Guardian Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctor’s Signature/ Stamp**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**Required)**