## **Food Allergy Action Plan**

## **School Year 2019-2020**

ALLERGY TO:					
Student's Name:		D.O.B:			
Teacher					
Asthmatic Ye	s* No	*High risk for severe reaction			
• SIGNS OF	AN ALLERGIC REACTION	<u>I</u>			
Systems:	Symptoms:				
MOUTH Itching, tingling & swelling of the lips, tongue, or mouth					
THROAT*+	Itching and / or a se	ense of tightness in the throat, hoarseness, and hacking cough			
SKIN	and /or swelling about the face or extremities				
GUT	cramps, vomiting and or diarrhea				
LUNGS*+	, repetitive coughing, and or/ wheezing				
HEART*+	"Thready" pulse, "p	passing-out"			
• •	tion. +Potentially life the	nge, *All above symptoms can potentially progress to a life-reating.			
If only syn	nptom(s) are:				
Medicatio	on/dose/route				
		Father or emergency contacts.			
		minutes, follow steps for Major Reaction below:			
ACTION PLAN	I FOR MAJOR REACTION	<u>:</u>			
1. If ingestio	n is suspected and or/sv	mptom(s) are:			
		IMMEDIATELY!			
	edication/dose/route				
	911 (ask for Advance Lit	fe Support)			
	ts Mother				
	cy contacts.				
J	•	at			
		DO NOT HESITATE TO CALL 911!			
*****	*******	**************			
Parent's Signatur	e	Date			
Doctor's Signatur	e	Date			

2			
		Relation:	Phone
3			
Relation:	Phone:	<del></del>	
EPIPEN AND EPIPEN	JR. DIRECTIONS		
1. Pull off gray activa	ition cap.		
2. Hold black tip nea	r outer thigh (alwa	ys apply to thigh).	
3. Swing and jab firm	nly into outer thigh	until Auto-Injector me	echanism functions.
<u>-</u>	· ·	en unit should then be on area for 10 seconds.	removed and taken with you to t
incigency noon in	assage the injection	10. 10 30001145.	

Save as: Food Allergy Action Plan