



FOOD ALLERGY ACTION and EMERGENCY CARE PLAN

Place Student's Picture Here

Name: _____ Date of Birth: _____

Allergy to: _____

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

Type of Reaction: Anaphylaxis Other _____

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



- 1. INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:*
 -Antihistamine
 -Inhaler (bronchodilator) if asthma

*Antihistamines & inhaler & bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis).
USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

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



- 1. GIVE ANTIHISTAMINE**
2. Stay with student; alert office staff and parent
3. If symptoms progress (see above),
USE EPINEPHRINE
4. Begin monitoring (see box below)

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 and Date _____

Physician/Healthcare Provider Signature and Date _____



THIS SECTION TO BE FILLED OUT BY THE PARENT

Life-threatening health conditions: Prior to attendance at school, each child with a potentially life-threatening condition shall present a medication or treatment order addressing the condition. A life-threatening health condition means a condition that will put the child in danger of death during the school day if a medication or treatment order is not in place. **Medication, supplies, physician orders and a nursing care plan must be in place before a student can attend school.**

Check here if student is capable of administering emergency medications (if able) with adult supervision, but school staff should not deviate from the directions in this Emergency Care Plan.

Students with Adrenalin (Epi-Pen) or history of anaphylaxis must go home with parental supervision for the remainder of the school day.

SYMPTOMS CAN BECOME MORE SERIOUS VERY QUICKLY OR OVER THE NEXT SEVERAL HOURS.

DO NOT HESITATE TO CALL 9-1-1 OR TO GIVE EMERGENCY MEDICATION(S).

- ➔ A separate current "Authorization For Administration of Medication" form must be completed if medication is part of this plan. The medication request form is only valid for the current school year and is available in the school office.
- ➔ This "Emergency Care Plan" will be available to staff who work closely with your child.
- ➔ A copy of this "Emergency Care Plan" will be provided to Emergency Personnel as needed.
- ➔ I understand that if any changes are needed on this Emergency Care Plan, it is the parent's responsibility to contact the school office.
- ➔ It is the parent's responsibility to alert all other school programs of their child's health condition and/or health care plan. Such programs may include, Before/After School Care, school sports, extended field trips.
- ➔ All medication supplied must come in its originally provided container with instructions as noted above by the licensed health professional.
- ➔ Epi-pen should be kept in student's Backpack Classroom w/ teacher In school office.

Parent/Guardian Signature and Date