	Food Allergy Action Plan	
ALLERGY TO:		
Student's Name:	D.O.B:Teacher:	Picture Here
Asthmatic Y	Yes* No *High risk for severe reaction	
♦ SIGNS	OF AN ALLERGIC REACTION ◆	
Systems:	Symptoms:	
•MOUTH •THROAT* •SKIN •GUT •LUNG* •HEART*	hives, itchy rash, and/or swelling about the face or extremities nausea, abdominal cramps, vomiting, and/or diarrhea shortness of breath, repetitive coughing, and/or wheezing	cough
The severity threatening	of symptoms can quickly change. *All above symptoms can potentiall situation.	y progress to a life-
◆ ACTIO	N FOR MINOR REACTION ◆	
1. If only sy i	mptom(s) are:, give	ication/dose/route
Then call:		
2. Mother 3. Dr	, Father at	, or emergency contacts.
If condition d	oes not improve within 10 minutes, follow steps for Major Reaction below	·.
◆ ACTIO	N FOR MAJOR REACTION ◆	
1. If ingestio	on is suspected and/or symptom(s) are:	,
give	medication/dose/route	IMMEDIATELY!
Then call:		
3. Mother	uad (ask for advanced life support), Father at	, or emergency contacts.
	DO NOT HESITATE TO CALL RESCUE SQUAD!	

Parent's Signature______Date_____Doctor's Signature_______Date_____

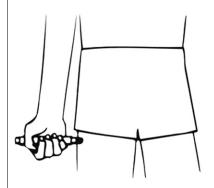
EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1.	1Room
Relation:Phone:2.	
Relation:Phone:3.	3Room
Relation: Phone:	

EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off gray activation cap.



2. Hold black tip near outer thigh (always apply to thigh).



3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and taken with you to the Emergency Room. Massage the injection area for 10 seconds.

For children with multiple food allergies, use one form for each food.

