Deer Park Community City Schools

Food Allergy Action Plan

(To be completed by parent/guardian and physician)

_______________________________________ Student's Name

___________________ Date of Birth

______________________________________ School

__________ Grade

___________________ School Year

Allergy to: ____

Asthmatic: ☐ Yes* ☐ No (*Higher risk for severe reaction)

STEP I: TREATMENT

Medication:

Antihistamine: __________________________ Dose: _______________ Route: ______________

Epinephrine: ☐ EpiPen ☐ EpiPen Jr. Route: Inject intramuscularly

Other: __________________________ Dose: _______________ Route: ______________

Symptoms:	**Give Checked Medication**:	
• If Food allergen has been ingested, but no symptoms:	☐ EpiPen	☐ Antihistamine
• Mouth: Itching, tingling, or swelling of lips, tongue, mouth	☐ EpiPen	☐ Antihistamine
• Skin: Hives, itchy rash, swelling of face or extremities	☐ EpiPen	☐ Antihistamine
• Gut: Nausea, abdominal cramps, vomiting or diarrhea	☐ EpiPen	☐ Antihistamine
• Throat*: Tightening of throat, hoarseness, hacking cough	☐ EpiPen	☐ Antihistamine
• Lung*: Shortness of breath, repetitive coughing, wheezing	☐ EpiPen	☐ Antihistamine
• Heart*: Thready pulse, low blood pressure, fainting, pale, blueness	☐ EpiPen	☐ Antihistamine
• Other Reaction: ___________________________________	☐ EpiPen	☐ Antihistamine
• If reaction is progressing (several of the above areas affected)	☐ EpiPen	☐ Antihistamine

(* Life threatening symptoms)

STEP II: 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: _______________________
3. **EMERGENCY CONTACTS**:

   NAME/RELATIONSHIP PHONE

   - _________________________ ______________________________
   - _________________________ ______________________________
   - _________________________ ______________________________

Physician Signature: ______________________________________ Date: ______________________

Parent/guardian Signature: __________________________________ Date: ___________________