

Blessed Sacrament School Food Allergy Action Plan

2015-2016

Allergy to: _____

Name: _____ DOB _____ Teacher _____

Asthmatic Yes* No *High risk for severe reaction

Place Class
Picture here

SIGNS OF AN ALLERGIC REACTION

Systems:

Symptoms:

MOUTH	itching & swelling of the lips, tongue, or mouth
THROAT	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
SKIN	hives, itchy rash, and/or swelling about the face or extremities
GUT	nausea, abdominal cramps, vomiting, and/or diarrhea
LUNG	shortness of breath, repetitive, coughing, and/or wheezing
HEART	“thready” pulse, “passing out”

The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation.

ACTION FOR MINOR REACTION

1. If only symptom(s) are: _____,
give _____
(medication—dose—route)

Then call:

2. Mother _____, Father _____, or emergency contacts.
3. Doctor _____ at _____

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

ACTION FOR MAJOR REACTION

1. If ingestion is suspected and/or symptom(s) are _____
give _____ IMMEDIATELY!
(medication—dose—route)

Then call:

2. Rescue Squad (ask for advanced life support)
3. Mother _____, Father _____, or emergency contacts.
4. Doctor _____ at _____

DO NOT HESITATE TO CALL RESCUE SQUAD!

Parent's Signature _____ Date _____ Doctor's Signature _____ Date _____

EMERGENCY CONTACTS

1. Name: _____ Relation: _____ Phone: _____
2. Name: _____ Relation: _____ Phone: _____
3. Name: _____ Relation: _____ Phone: _____

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