

# Blessed Sacrament School Food Allergy Action Plan

2017-2018

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.

