

# EMERGENCY CARE PLAN

## FOOD ALLERGY



Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School Contact: \_\_\_\_\_ DOB: \_\_\_\_\_

Asthmatic:  Yes  No (increased risk for severe reaction)

Allergen(s): \_\_\_\_\_

Mother: \_\_\_\_\_ M Home #: \_\_\_\_\_ M Work #: \_\_\_\_\_ M Cell #: \_\_\_\_\_

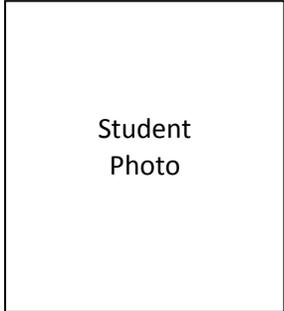
Father: \_\_\_\_\_ F Home #: \_\_\_\_\_ F Work #: \_\_\_\_\_ F Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE:**

- **MOUTH** Itching & swelling of lips, tongue or mouth, mouth "feels hot"
- **THROAT** Itching, tightness in throat, hoarseness, cough
- **SKIN** Hives, itchy rash, swelling of face and extremities
- **STOMACH** Nausea, abdominal cramps, vomiting, diarrhea
- **LUNG** Shortness of breath, repetitive cough, wheezing
- **HEART** "Thready pulse", "passing out"

**The severity of symptoms can change quickly –  
it is important that treatment is give immediately.**



**STAFF MEMBERS INSTRUCTED:**

- Classroom Teacher(s)       Special Area Teacher(s)  
 Administration       Support Staff       Transportation Staff

**TREATMENT:** Rinse contact area with water if appropriate

Treatment should be initiated  with symptoms  without waiting for symptoms

Benadryl ordered:  Yes  No Give \_\_\_\_\_ Benadryl per provider's order

Call school nurse. Call parent/guardian if off school grounds.

Epinephrine ordered:  Yes  No Special instructions: \_\_\_\_\_

**IF INGESTION OR SUSPECTED INGESTION OF ALLERGEN OCCURS, SYMPTOMS ARE PRESENT AND  
EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 911.**

Preferred hospital if transported: \_\_\_\_\_

Epinephrine provides a 20 minute response window. After epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response. Students receiving epinephrine should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

**Transportation Plan:**  Medication available on bus  Medication NOT available on bus  Does not ride bus

Special instructions: \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Written by: \_\_\_\_\_ Date: \_\_\_\_\_

- Copy provided to Parent       Copy sent to Healthcare Provider

**Parent/Guardian Signature** to share this plan with Provider and School Staff: \_\_\_\_\_