



Brownsville Independent School District Health Services

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Food Allergy Action plan

Student's Name _____ ID# _____ Grade _____
Emergency Contact(s) _____

Allergy to: _____

Asthmatic: Yes* _____ No* _____ *Students with asthma can experience a more pronounced allergic reaction.
Medication(s) in clinic: Yes _____ No _____ Epipen in clinic: Yes _____ No _____

Each allergic reaction is unique and symptoms may vary. The severity of symptoms can change very quickly! All symptoms listed below can potentially progress to a life-threatening situation.

- | | |
|----------------------------------|---------------------------------------|
| *Runny nose | * Diarrhea |
| *Irritated eyes | *Stomach |
| *Itchy skin rash/hives | *Difficulty swallowing and/or talking |
| *Tingling in the tongue or lips | *Coughing and/or wheezing |
| * Burning sensation in the mouth | *Seizure like symptoms/convulsions |
| * Nausea and/or vomiting | *A sense or feeling of doom |

- If ingestion or exposure is suspected or confirmed, escort student to the clinic IMMEDIATELY!
- If student cannot be transported, move the student away from the source of the allergen. Send or call for assistance IMMEDIATELY!
- Give medications as prescribed by the student's physician:
FOR MINOR ALLERGIC REACTION:
a. If the only symptoms preset are: _____
Give _____
FOR MAJOR ALLERGIC REACTION:
b. If the symptoms are: _____
Give (check correct dosage) EpiPen Auto Injector
 Epipen Jr. (0.15 mg)
*send used EpiPen units with student to Emergency Room.
- Call 911. *State that an allergic reaction has been treated, and additional epinephrine may be needed. Request advanced life support for possible anaphylactic reaction.
- Notify parent and/or emergency contact.

Other information: _____

Nurse Signature _____ Date _____

This information is confidential and can only be shared on a "need to know" basis.