

PLEASE DO NOT WRITE ABOVE THIS LINE - FOR MAGNUS HEALTH USE ONLY



FOOD ALLERGY ACTION PLAN

This coversheet is **ONLY** for the form and student listed above
and **MUST BE RECEIVED** for processing.



DO NOT use staples or paperclips!



Please print and complete this form then
submit all pages including this coversheet via:

FAX	MAIL
<p>(877) 447-9530</p> <p>Outside of the United States? Please fax to (978) 244-8894</p>	<p>-OR-</p> <p>Magnus Health Does Not Accept Mailed Forms</p>

The St. Paul's Schools – Food Allergy Action Plan

Student's Name: _____ Birthdate: _____ Grade: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Even if parent/guardian cannot be reached, do not hesitate to medicate and call 911.

ALLERGY: _____

SYMPTOMS:

- If a food allergen is ingested, but no symptoms:
- **Mouth** – itching, tingling, or lip swelling or Swelling of tongue, mouth
- **Skin** – hives, itchy rash, swelling of the face or extremities
- **Gut** – nausea, abdominal cramps, vomiting, diarrhea
- **Throat** – itching, swelling, or tightening of throat, Hoarseness
- **Lung** – shortness of breath, repetitive coughing, wheezing
- **Heart** - thready pulse, fainting, lightheaded, pale, blueness
- **Other** _____
- **If reaction is progressing (or if 2 or more above areas are affected), give:**

Give Checked Medication

- | | |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Epipen | <input type="checkbox"/> Benadryl |
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| <input type="checkbox"/> Epipen | <input type="checkbox"/> Benadryl |

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

DOSAGE:

Epinephrine: Epipen or Epipen Jr. Other _____ Administer in the lateral thigh

Benadryl: give _____

ALLERGIC REACTION TIME SCHEDULE: In case of accidental ingestion of food with known or unknown allergens, please indicate length of time for observation by school nurse for signs of an allergic reaction. Please note that in a school setting, monitoring a student for greater than 30 minutes becomes the parents' responsibility.

- 0-30 minutes 30-60 minutes 60 minutes or longer

WHEN IN DOUBT, GIVE EPINEPHRINE AND CALL 911!!

Parent/Guardian's Signature _____ Date _____

Prescribing Physician's Signature _____ Date _____

(Parent signature not acceptable)

