

Food Allergy Emergency Health Plan

Student's Name: _____ Grade: _____

Teacher: _____

Allergic to: _____

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Systems	Symptoms
Mouth	Itching & swelling of the lips, tongue, &/or mouth
Throat	Itching &/or a sense of tightness in the throat, hoarseness, &/or hacking cough
Stomach	Nausea, Abdominal cramps, vomiting, &/or diarrhea
Skin	Hives, itchy rash, &/or swelling about the face or extremities
Lung	Shortness of breath, repetitive coughing, &/or wheezing
Heart	"Thready" pulse, "passing out", complaint of pounding heart beat.

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

Action:

1. Send someone to the office for the EpiPen or get the EpiPen the student carries.
2. Have someone else call 911 and tell them that the student is having an allergic reaction and a Paramedic Ambulance with Epinephrine should come.
3. Administer the EpiPen by removing the gray cap, pressing the pen tightly against the student's thigh. Hold for the count of 10 after you feel/hear click.
4. The student can sit or lay down. Let him/her pick a comfortable position.
5. Ensure the parents have been called and obtain permission to give Benadryl if an EpiPen is not available.

Do not hesitate to call 911 if you are unable to reach the parents.

Parent Signature

Date

Emergency Contacts	Trained Staff Members
1. Relation: _____ Phone: _____	
2. Relation: _____ Phone: _____	
3. Relation: _____ Phone: _____	