

# MILLBROOK CENTRAL SCHOOL DISTRICT

P. O. Box AA  
Millbrook, NY 12545

Superintendent of Schools 845-677-4200  
Business Administrator 845-677-4201  
Pupil Personnel Services 845-677-4215  
District Clerk 845-677-4200

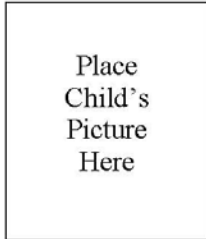
Elm Drive Elementary 845-677-4225  
Alden Place Elementary 845-677-4220  
Millbrook Middle School 845-677-4210  
Millbrook High School 845-677-2510

## Food Allergy Action Plan

Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Teacher: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Asthmatic Yes\*  No  \*Higher risk for severe reaction



### ◆ STEP 1: TREATMENT ◆

<u>Symptoms:</u>	<u>Give Checked Medication**:</u> <small>***(To be determined by physician authorizing treatment)</small>
<ul style="list-style-type: none"> <li>▪ If a food allergen has been ingested, but <i>no symptoms</i>:</li> </ul>	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> <li>▪ Mouth    Itching, tingling, or swelling of lips, tongue, mouth</li> </ul>	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> <li>▪ Skin      Hives, itchy rash, swelling of the face or extremities</li> </ul>	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> <li>▪ Gut        Nausea, abdominal cramps, vomiting, diarrhea</li> </ul>	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> <li>▪ Throat†    Tightening of throat, hoarseness, hacking cough</li> </ul>	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> <li>▪ Lung†      Shortness of breath, repetitive coughing, wheezing</li> </ul>	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> <li>▪ Heart†     Weak or thready pulse, low blood pressure, fainting, pale, blueness</li> </ul>	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> <li>▪ Other†     _____</li> </ul>	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<ul style="list-style-type: none"> <li>▪ If reaction is progressing (several of the above areas affected), give:</li> </ul>	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine

†Potentially life-threatening. The severity of symptoms can quickly change.

### DOSAGE

**Epinephrine:** inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg (see reverse side for instructions)

**Antihistamine:** give \_\_\_\_\_  
medication/dose/route

**Other:** give \_\_\_\_\_  
medication/dose/route

**IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.**

### ◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: \_\_\_\_\_). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Parent \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

4. Emergency contacts:  
Name/Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

a. \_\_\_\_\_ 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

b. \_\_\_\_\_ 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)