South San Antonio ISD
Food/Insect Allergy Action Plan

Place Child's Picture Here

Student's Name: _____ **D.O.B:** _____ **Teacher:** _____

ALLERGY TO: _____

Asthmatic Yes*_____ No_____ *Higher risk for severe reaction

* STEP 1: TREATMENT *

Student extremely reactive to the following foods: _____
Therefore,
☐ If checked, give epinephrine immediately if the allergen was definitely eaten, **even if no symptoms are noted.**

Symptoms:

- ☐ Mouth Itching, tingling, or swelling of lips, tongue, mouth
- ☐ Skin Hives, itchy rash, swelling of the face or extremities
- ☐ Gut Nausea, abdominal cramps, vomiting, diarrhea
- ☐ Throat† Tightening of throat, hoarseness, hacking cough
- ☐ Lung† Shortness of breath, repetitive coughing, wheezing
- ☐ Heart† Thready pulse, low blood pressure, fainting, pale, blueness
- ☐ Other† _____
- ☐ If reaction is progressing (several of the above areas affected), give
- ☐ If child has been stung, but *no symptoms*:

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

Give Checked Medication**:

**(To be determined by physician authorizing treatment)

- ☐ Epinephrine ☐ Antihistamine
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☐ **Student may self-carry/Self Administer**

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

2. Dr. _____ Phone Number: _____ at _____

3. Parents _____ Phone Number(s) 1. _____ 2. _____

4. Emergency contacts:

Name	Relationship	Phone Number
a. _____	_____	2.) _____
b. _____	_____	2.) _____

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

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____