

## FOOD ALLERGY

Student:Gra		ade:School Contact:		Phone:	
Asthmatic: I Yes I No	(increased risk for	severe reaction)	Allergen(s):		
Parent:	Hom	e #:	Work #:	Cell #: _	
Parent:	Hom	e #:	Work #:	Cell #:	
Emergency Contact:	Relationship:			Phone:	
SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE:         Give medication as ordered by doctor:         • MOUTH Itching & swelling of lips, tongue or mouth, mouth "feels hot"       Epinephrine       Anti         • THROAT Itching, tightness in throat, hoarseness, cough       Epinephrine       Anti         • SKIN Hives, itchy rash, swelling of face and extremities       Epinephrine       Anti         • STOMACH Nausea, abdominal cramps, vomiting, diarrhea       Epinephrine       Anti					
<ul> <li>HEART "Thready pulse", "passing out", pale, blueness Epinephrin</li> <li>The severity of symptoms can change quickly – it is important that treatment is get</li> </ul>					•
STAFF MEMBERS INSTRU	<b>CTED:</b> Administration	□ Classroom T □ Support Staf		<ul> <li>Special Area Teac</li> <li>Transportation St</li> </ul>	
TREATMENT:       Rinse contact area with water if appropriate         This student needs to sit at an allergy free table Yes No         Treatment should be initiated       with symptoms         Without waiting for symptoms         Benadryl ordered:       Yes         No       Give mg. Benadryl /per Provider's orders         Administer:       Epi-pen         Epi-pen       Epi-pen Jr./ per Provider's orders					PHOTO Of STUDENT
Call Special Instructions:		-	ent/guardian if of	6	PRESENT AND

## IF INGESTION OR SUSPECTED INGESTION OF ALLERGEN OCCURS, SYMPTOMS ARE PRESENT AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 911.

If transported from school: The ambulance will go to GOOD SAMARITAN HOSPITAL

Epinephrine provides a 20 minute response window. After epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response. Students receiving epinephrine should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

Transportation Plan:	☐ Medication NOT available on bus	☐ Medication available on bus	Does not ride bus				
Special instructions:	No food is to be consumed on buses						
Healthcare Provider	Signature:	Phone:					
Parent/Guardian Signature giving permission to share this plan with School Staff:							
Date							