



FOOD ALLERGY Emergency Action Plan

Westlake Academy Health Services

NAME: _____ DOB: _____ Teacher/Grade: _____

Emergency Contact #1: _____	Preferred Contact # _____
Emergency Contact #2: _____	Preferred Contact # _____
Physician Treating Allergy: _____	Preferred Contact # _____
Preferred Hospital: _____	

Diagnosis/Condition: **FOOD ALLERGY** Extremely reactive to following food(s): _____

Is the allergy life threatening? YES/ NO Will Epinephrine be provided? YES NO

Date of last reaction? _____ *If yes, parent must provide Epi-Pen/Epinephrine RX

Symptoms exhibited _____ Does student have Asthma? YES/ NO

Triggers? _____

MEDICATIONS FOR ALLERGY TO BE ADMINSTERED AT SCHOOL: (Medication Authorization Form required)

Medication	Dosage	Route
Epinephrine:		
Antihistamine:		
Other:		

This section is to be completed by Physician ONLY

Extremely reactive to the following food(s): _____

If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms present.

Any SEVERE SYMPTOMS after suspected or known ingestion:
One or more of the following:
 Lungs: Shortness of breath, wheeze, repetitive cough
 Heart: Pale, blue, faint, weak pulse, dizzy, confused
 Throat: Tight, hoarse, trouble breathing/swallowing
 Mouth: Obstructive swelling (tongue or lips)
 Skin: Many hives over body, redness/warmth

Or combination of symptoms from different body areas:
 Skin: Hives, itchy rashes, swelling (eyes, lips)
 Gut: Vomiting, diarrhea, crampy pain



1. Immediately give Epinephrine
 2. Call 911
 3. Monitor student
 4. Give additional medications*
- *A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached.

Mild symptoms only:
 Mouth: itchy mouth
 Skin: a few hives around mouth/face, mild itch
 Gut: mild nausea/vomiting



1. Give antihistamine
2. Stay with student, call parents
3. If symptoms worsen, give Epinephrine
4. Monitor student

Physician Signature: _____ **Date:** _____

Student's Name: _____

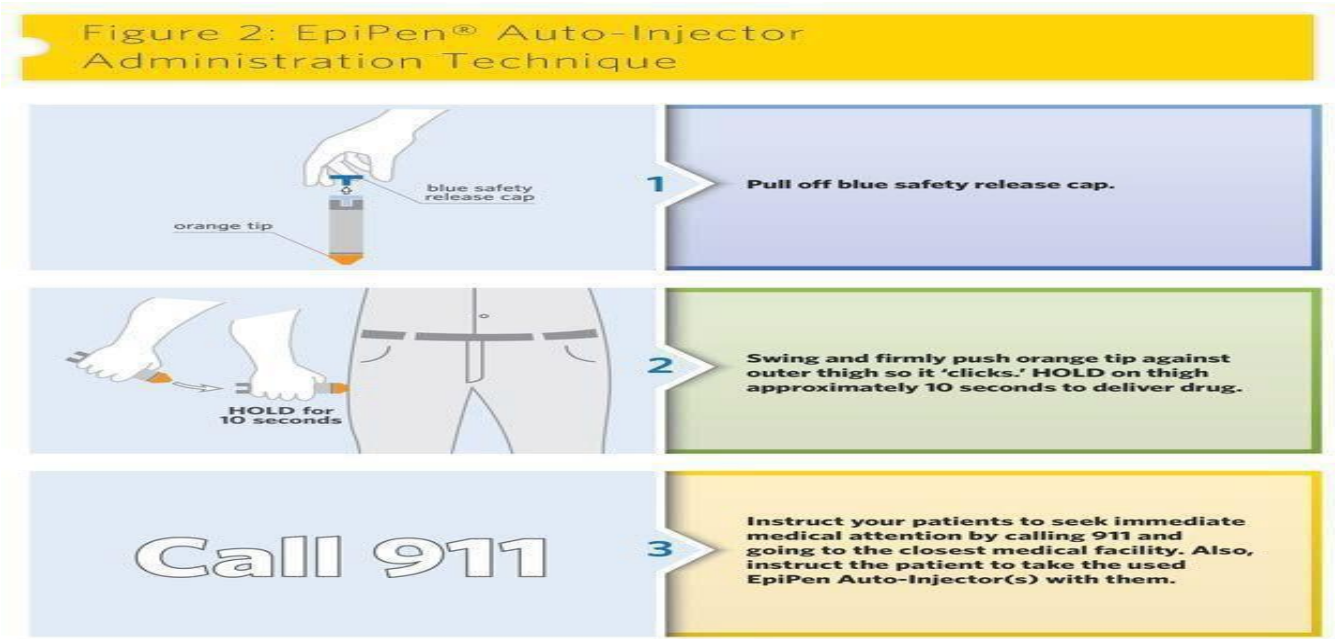
DOB: _____

DIAGNOSIS/CONDITION: **FOOD ALLERGY**
Additional Information

ALLERGEN: _____

EPI-PEN INFORMATION: (always call 911 if Epinephrine administered)

Epi-Pen/Epinephrine location	
Trained staff/location	
Trained staff/location	
Buddy Nurse/location	
Other:	



For devices other than Epi-pen, attach training steps.

Acknowledged and Received by: _____

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Parent Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

RN Signature: _____ Date: _____

LVN Signature: _____ Date: _____