



# Food Allergy Action Plan Form

DO NOT HESITATE TO CALL 911

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

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Student's Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Asthmatic:  YES (High Risk for Severe Reaction)  No

System	Symptoms
MOUTH	Itching and swelling of the lips, tongue, or mouth
THROAT*	Itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
SKIN	Hives, itchy rash, and/or swelling about the face or extremities
GUT	Nausea, abdominal cramps, vomiting, and/or diarrhea
LUNG*	Shortness of breath, repetitive coughing and/or wheezing
HEART*	"Thready" pulse, "passing out"

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

## ACTION for MINOR Allergic Reaction:

If only symptoms are: \_\_\_\_\_, give \_\_\_\_\_

Then call:  Mother  Father  Emergency Contacts (on file in the school office)  
PH: \_\_\_\_\_ PH: \_\_\_\_\_

If condition does not improve in ten (10) minutes, follow the steps for MAJOR Reaction (below)

## ACTION for MAJOR Allergic Reaction:

If the student has ingested food that he/she is known to be allergic to or he/she is suspected to have ingested food or if the symptoms are: \_\_\_\_\_, give \_\_\_\_\_ **IMMEDIATELY!**

Then call: 911  Mother  Father  Emergency Contacts (on file in the school office)  
PH: \_\_\_\_\_ PH: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_