Escuela Viva
Food Allergy Action Plan

Child's Full Name: ______________________ Date Of Birth: _________________ Teacher: __________________

Allergy To: ____

Step 1: Treatment		
Symptoms	**Give Child Checked Off Medication** *(To be determined by Physician authorizing treatment)*	
If a food allergen has been ingested, but no symptoms	☐ Epinephrine	☐ Antihistamine
Mouth - Itching, tingling, or swelling of lips, tongue, mouth	☐ Epinephrine	☐ Antihistamine
Skin - Hives, itchy rash, swelling of the face or extremities	☐ Epinephrine	☐ Antihistamine
Gut - Nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine	☐ Antihistamine
Throat - Tightening of the throat, hoarseness, hacking cough	☐ Epinephrine	☐ Antihistamine
Lung - Shortness of breath, repetitive coughing, wheezing	☐ Epinephrine	☐ Antihistamine
Heart - Weak or thready pulse, low blood pressure, fainting, pale, blueness	☐ Epinephrine	☐ Antihistamine
Other -	☐ Epinephrine	☐ Antihistamine
If reaction is progressing (several of the above areas affected)	☐ Epinephrine	☐ Antihistamine

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

Dosage

Epinephrine: Inject intramuscularly (Check off one)

- ☐ EpiPen
- ☐ EpiPen Jr.
- ☐ Twinject 0.3 mg
- ☐ Twinject 0.15 mg

Antihistamine: Give ____

Medication / Dose / Route

Other: Give ____

Medication / Dose / Route

Escuela Viva
Food Allergy Action Plan

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 (s)	Phone Number (s)
4. Emergency Contacts:	
Full Name / Relationship	Phone Number (s)
a.	1) 2)
b.	1) 2)

Even If parent (s) / Guardian (s) cannot be reached, do not hesitate to medicare or take the child to a medical facility!

Parent / Guardian's Signature: ____ Date: ______________

Doctor's Signature: ____ Date: ______________
(Required)

Please attach a child's photo to this document.