Food Allergy Action Plan				Place	
ALLERGY TO: DOB				— Childs Photo	
		DOD		Here	
ASTHMATIC: YE		* HIGH RISK FOR	REACTION	ı	
	#### SIGNS OF	ALLERGIC REACTIONS	####		
Please che	<mark>ck below the medicatio</mark> n	ns your child must take dur	<mark>ing an aller</mark> g	gic reaction	
SYMPTOMS	\		Give Checke	ed Medication	
If exposed to an allerge	-	□ EpiPen	□Benadryl		
Mouth: itching and swelling of the lips, tongue, or mouth give			□ EpiPen	□Benadryl	
Throat*: itching and/or a sense of tightness in the throat, hoarseness, and hacking			-	□Benadryl	
Skin: hives, itchy rash and/or swelling about the face or extremities			□ EpiPen	□Benadryl	
Gut: nausea, abdominal cramps, vomiting and/or diarrhea			□ EpiPen	□Benadryl	
<u>Lung*</u> : shortness of breath, repetitive coughing, and/or wheezing <u>Heart*</u> : "thready" pulse, "passing out"			□ EpiPen	□Benadryl	
Heart*: "thready" pulse	, "passing out"		□ EpiPen	□Benadryl	
		G TO THROAT, LUNG AN IREATNING SITUATION	ND/OR HEA	ART CAN	
	<u>ACTION</u>	FOR MINOR REACTION			
1. If only symptom(s)	are:		gi	ve	
• • • •		(Medication, Dose and Route	· ·		
2 Than Call: Mother		Father		or	
emergency contacts.		rather			
	ACTION 1	FOR MAJOR REACTION			
1. If ingestion is suspe	ected and/or symptoms a	re		give	
		immediately	!		
(Medication, Dos	se and Route)				
· ·	11 /	ou have given an Epi-Pen injusted. It is ambulance has not arrived.	ection. Be re	eady to give an	
3. Then Call: Mother		Father		or emergency	
contacts.					
Emergency Contacts	3				
First:	Secor	nd:	Third:		
Relationship:		ionship:		ip:	
Phone:		2:			
Parents Signature:		Da	ate:		