ALLERGY INFORMATION AND ACTION PLAN

STUDENT'S NAME:_____DOB:_____

ALLERGIC TO:_____

INFORMATION & DETAILS

				*	**	Additional Info:
NUT	Sensitivity OR Allergy	Type(s):	Reaction:	Yes No	Yes No	Severity, skin contact?: _____
DAIRY	Sensitivity OR Allergy	Type(s):	Reaction:	Yes No	Yes No	Any amount ok? _____
GLUTEN	Sensitivity OR Allergy	Type(s):	Reaction:	Yes No	Yes No	GF options okay? Y N
OTHER	Sensitivity OR Allergy	Type(s):	Reaction:	Yes No	Yes No	

**** Food Made in Facility that processes other foods with allergen?*** ***** Allowed to eat meals from our facility?***

TREATMENT: If suspected reaction occurs

Call 911/ Bring to 1st Aid ****EVEN IF PARENT CAN'T BE REACHED, DO NOT HESITATE TO TAKE ACTION!*

AREA AFFECTED	SYMPTOMS	GIVE FOLLOWING MEDICATION
Ingestion	If ingested, but no symptoms	Epinephrine ☐ Antihistamine ☐ Other ☐
Mouth	Itching, tingling, or swelling of lips, tongue, mouth	Epinephrine ☐ Antihistamine ☐ Other ☐
Skin	Hives, itchy rash, swelling of the face or extremities	Epinephrine ☐ Antihistamine ☐ Other ☐
Gut	Nausea, abdominal cramps, vomiting, diarrhea	Epinephrine ☐ Antihistamine ☐ Other ☐
Throat***	Tightening of throat, hoarseness, hacking cough	Epinephrine ☐ Antihistamine ☐ Other ☐
Lung ***	Shortness of breath, repetitive coughing, wheezing	Epinephrine ☐ Antihistamine ☐ Other ☐
Heart***	Weak or thread pulse, low blood pressure, fainting, pale, blueness	Epinephrine ☐ Antihistamine ☐ Other ☐
Other ***		Epinephrine ☐ Antihistamine ☐ Other ☐
Progressing	Reaction is progressing (several of the above areas affected)	Epinephrine ☐ Antihistamine ☐ Other ☐

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

DOSAGE

Epinephrine (inject intramuscularly): EpiPen EpiPen Jr. Twinject 0.3mg Twinject 0.15mg

Antihistamine give (medication/dose/route): _____

Other give (medication/dose/route): _____

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

EMERGENCY CALLS

- DR. _____ PHONE #: _____
- PARENT: _____ PHONE #:_____
- EMERGENCY CONTACT

  A:_____ PHONE #: _____

  B:_____ PHONE #: _____