

Bee
Food Allergy Action Plan

Place
Child's
Picture
Here

ALLERGY TO: _____

Student's Name: _____ D.O.B.: _____ Teacher: _____

Asthmatic Yes* No *High risk for severe reaction

◆ **SIGNS OF AN ALLERGIC REACTION** ◆

Systems: **Symptoms:**

- ◆ **MOUTH** itching & 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 REACTION** ◆

1. If only symptom(s) are: _____, give _____
medication/dose/route

Then call:

- 2. Mother _____, Father _____, or emergency contacts.
- 3. Dr. _____ at _____

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

◆ **ACTION FOR MAJOR REACTION** ◆

1. If ingestion is suspected and/or symptom(s) are: _____
give _____ **IMMEDIATELY!**
medication/dose/route

Then call:

- 2. Rescue Squad (ask for advanced life support)
- 3. Mother _____, Father _____, or emergency contacts.
- 4. Dr. _____ at _____

EMERGENCY HEALTH CARE PLAN

Place
Child's
Picture
Here

ALLERGY TO: _____

Student's Name: _____ D.O.B.: _____ Teacher: _____

Asthmatic Yes * No *High risk for severe reaction

SIGNS OF AN ALLERGIC REACTION INCLUDE:

Systems:

Symptoms:

- **MOUTH** itching & 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:

1. If ingestion is suspected, give _____ medication/dose/route and _____ immediately!
2. CALL RESCUE SQUAD: _____
3. CALL: Mother _____ Father _____ or emergency contacts
4. CALL: Dr. _____ at _____

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD
EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED!**

Parent Signature _____ Date _____ Doctor's Signature _____ M.D. _____ Date _____

| EMERGENCY CONTACTS | TRAINED STAFF MEMBERS |
|--|-----------------------|
| 1. _____ Relation: _____ Phone: _____ | 1. _____ Room _____ |
| 2. _____ Relation: _____ Phone: _____ | 2. _____ Room _____ |
| 3. _____ Relation: _____ Phone: _____ | 3. _____ Room _____ |

For children with multiple food allergies, use one form for each food.



Parent's Signature _____ Date _____ Doctor's Signature _____
Date _____

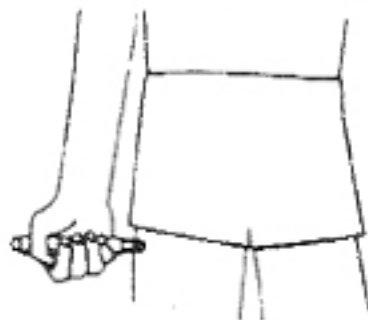
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| 2. _____ Relation: _____ Phone: _____ | 1. _____ Room _____ |
| 3. _____ Relation: _____ Phone: _____ | 1. _____ Room _____ |

EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off gray activation cap.



2. Hold black tip near outer thigh (always apply to thigh).



3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and discarded. Massage the injection area for 10 seconds.

For children with multiple food allergies, use one form for each food.

