

Food Allergy Action Plan

Place
Child's
Picture
Here

ALLERGY TO: _____

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

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 _____
Home/Work/Cell
Father _____
Home/Work/Cell

or emergency contacts.

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 – 911- (ask for advanced life support)
3. Mother _____
Home/Work/Cell
Father _____
Home/Work/Cell

or emergency contacts.

Over

DO NOT HESITATE TO CALL RESCUE SQUAD!

Doctor's Name _____ Phone _____

EMERGENCY CONTACTS

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

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 taken with you to the Emergency Room. Massage the injection area for 10 seconds.**

I have taught the following teachers the correct use of the EPI Pen for my child named above:

1 _____

I have been trained by _____ on _____ and feel comfortable with my training. Initial _____

2 _____

I have been trained by _____ on _____ and feel comfortable with my training. Initial _____

3 _____

I have been trained by _____ on _____ and feel comfortable with my training. Initial _____

I give YMCA personnel permission to administer care to my child should they see symptoms of an allergic reaction. I understand that when the EPI Pen is used my emergency contacts or I will be notified immediately, along with Ambulance Personnel.

I understand that YMCA personnel will follow this action plan to the best of their ability, but are not trained medical professionals.

Parent's Signature _____ Date _____

Director's Signature _____ Date _____

Doctor's Signature (Preferred) _____ Date _____

