



**FOOD ALLERGY ACTION PLAN**  
**[Two (2) Sided Document]**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Campus: \_\_\_\_\_

Teacher: \_\_\_\_\_ Classroom: \_\_\_\_\_ School Year: \_\_\_\_\_

**SEVERE ALLERGY TO:** \_\_\_\_\_

**Asthmatic:** YES  \*NO  \* Higher risk for severe reaction

**STEP 1: RECOGNIZE THE SYMPTOMS**

If \_\_\_\_\_ has ingested known food allergen and **shows the following symptoms, as  by doctor:**

**Symptoms:** (Doctor, please  all symptoms that require EpiPen administration)

- Mouth** itching, tingling or swelling of the lips, tongue, mouth
- Throat** tightening of throat, hoarseness, hacking cough
- Skin** hives, itchy rash, swelling of the face or extremities
- Gut** nausea, abdominal cramps, vomiting, diarrhea
- Lung** shortness of breath, repetitive coughing, wheezing
- Heart** weak or thready pulse, low blood pressure, fainting, pale, blueness
- Other** \_\_\_\_\_

**\*\* Watch for progression of symptoms, they can change quickly**

**STEP 2: RESPOND**

**Give EpiPen as directed per Authorization for Medication Form**  
**(Doctor, please  dosage to be administered)**

EpiPen JR. (0.15mg epinephrine)      **OR**       EpiPen (0.3mg epinephrine)

**Administer rescue breathing or CPR, if necessary.**

**STEP 3: EMERGENCY CALLS**

1. Call 911      **Time 911 called:** \_\_\_\_\_

2. Call Emergency Contacts:      **Time Contact called:** \_\_\_\_\_

Name/Relationship	Phone Number	Alternate Phone Number
1.	1.	1.
2.	2.	2.
3.	3.	3.

\_\_\_\_\_  
**Physician's Signature      Date**

\_\_\_\_\_  
**Parent/Guardian Signature      Date**

\_\_\_\_\_  
**Physician's Phone Number**

# FOOD ALLERGY ACTION PLAN FOR SCHOOL PERSONNEL

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Campus: \_\_\_\_\_

Teacher: \_\_\_\_\_ Classroom: \_\_\_\_\_

## EpiPen Trained Staff:

Name (Please print)	Title	Signature

## Nurse Verification:

Action plan and staff training verified.

Nurse signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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## Directions for EpiPen (Epinephrine) Auto-Injector 0.15mg or 0.3mg

- Pull off gray safety cap.
- Jab black tip firmly into outer thigh **and hold** on thigh approximately 10 seconds.
- Deliver used EpiPen to EMS responders.

