

**Catawba County Public Health Department
School Health Program
FOOD ALLERGY ACTION PLAN**

NAME: _____ SCHOOL: _____
 DATE OF BIRTH: _____ GRADE/TEACHER: _____
 Parent/Guardian: _____ Ph. (H) _____
 Address: _____ Ph. (W) _____
 Emergency Contact _____ Relationship _____ Ph. _____
 Physician treating food allergies: _____ Ph. _____
 Other physician _____ Ph. _____

EMERGENCY PLAN

ALLERGIC TO: _____

STUDENT ALSO HAS ASTHMA: **yes*** **no** * **high risk for severe reaction**

1. Recognize signs of Anaphylactic Reaction:

- | | | |
|--|---|---|
| <input type="checkbox"/> difficulty breathing | <input type="checkbox"/> fainting | <input type="checkbox"/> incontinence |
| <input type="checkbox"/> wheezing respirations | <input type="checkbox"/> increased heart rate | <input type="checkbox"/> abdominal cramps |
| <input type="checkbox"/> dizziness | <input type="checkbox"/> decreased blood pressure | <input type="checkbox"/> apprehension |
| <input type="checkbox"/> cool/clammy skin | <input type="checkbox"/> seizures | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> flushing | <input type="checkbox"/> vomiting | |

The severity of symptoms can quickly change. All of the above symptoms can potentially progress to a life-threatening situation!

- 2. Student has order for Epinephrine:** **yes** **no**
 Student has MD order to carry medication **yes** **no** **teacher to carry**

IF ORDERED EMERGENCY MEDICATION MUST BE AVAILABLE TO STUDENT AT ALL TIMES!

- 3. Administer Epinephrine, if ordered by physician and CALL 911 immediately:**
1 Check to make sure solution in auto-injector is not discolored **2** Remove safety cap
3 Press injector firmly against thigh and hold 10 sec **4** Injector will dispense medication
- 4. Call parent/guardian or emergency contact.**
5. Keep child quiet and comfortable in upright position until EMS arrives. May elevate legs.
6. Other instructions for this child: _____

General Information About Food Allergies

Certain foods may produce life-threatening reactions in allergic individuals. The food does not necessarily need to be ingested to cause a severe reaction. The allergic individual may be severely affected if he/she is in the same area where the food is being cooked or if other contact is made with the food. These reactions require immediate emergency treatment.

Daily Food Allergy Management Plan

- * **Student wears "Medic Alert" bracelet** **yes** **no**
- * **Age when food allergy discovered:** _____
- * **Student typically exhibits the following allergic symptoms** _____
- * **Student must ingest food to have allergic reaction:** **yes** **no**
- * **Student may have an allergic reaction when food is touched or food is being prepared in his/her immediate area:** **yes** **no**
- * **Student has required Emergency Room treatment for allergic reaction to food in the past:** **yes** **no** **If yes, date of last ER visit:** _____
- * **Student has been hospitalized for allergic reaction to food in the past:** **yes** **no** **If yes, date of last hospitalization:** _____
- * **Student will eat lunch in the school cafeteria:** **yes** **no**
- * **Student has physician's diet order on file listing food allergies:** **yes** **no**
- * **Comments/Special Instructions:** _____

Care Plan discussed with parent: _____ **Date:** _____

School Nurse signature: _____ **Date:** _____

Updates/Changes:

K: _____ **3:** _____ **6:** _____
1: _____ **4:** _____ **MidSch:** _____
2: _____ **5:** _____ **HiSch:** _____