

# Home Away From Home Academy Food Allergy Action Plan

ALLERGY TO: \_\_\_\_\_

Student's Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Place  
Child's  
Picture  
Here

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 \_\_\_\_\_

Then call:

2. Mother \_\_\_\_\_, Father \_\_\_\_\_ or emergency contacts  
3. Physician \_\_\_\_\_ 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!

Then call:

2. Rescue Squad (ask for advance Life Support)  
3. Mother \_\_\_\_\_, Father \_\_\_\_\_ or emergency contacts.  
4. Physician \_\_\_\_\_ at \_\_\_\_\_

**DO NOT HESITATE TO CALL RESCUE SQUAD!**

I give permission to the staff at Home Away From Home Academy to administer the above medication to my child. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_