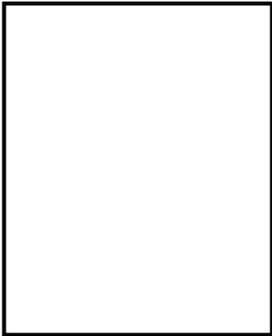


School Year _____ **FOOD ALLERGY HEALTH ACTION PLAN**



Student Name _____

Date of Birth _____ Grade _____ Grad Year _____

School _____ Teacher/HR _____

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION:

Please provide phone numbers in order of where we can best reach you during the school day in case of emergency

Phone 1. _____	H/C/W Name/ Relationship _____
Phone 2. _____	H/C/W Name/ Relationship _____
Phone 3. _____	H/C/W Name/ Relationship _____
Phone 4. _____	H/C/W Name/ Relationship _____
Address for Health Plan updates: _____	
Email for Health Plan updates: _____	

FOOD ALLERGY: _____

Physician student sees for Allergy _____ Phone Number _____

My child has a reaction when he/she:

- ___ Eats a food or another food containing the food allergies
- ___ Touches a surface contaminated with oils from the food allergies
- ___ Breathes odors from the food allergen while the food is cooked/processed
- ___ Other: _____

Please check symptoms your child has during a severe allergic reaction:

- | | | | |
|-----------------------------|--|--------------------------|-----------------------------|
| ___ Hives/rash | ___ Chest tightness | ___ Shortness of breath | ___ Nausea/vomiting |
| ___ Itching | ___ Dizziness | ___ Swelling at the site | ___ Unconsciousness |
| ___ Flushed face | ___ Cough | ___ Drooling | ___ Cramping/Abdominal Pain |
| ___ Swelling of extremities | ___ Swelling of lips, tongue, throat, eyes, face | | |
| ___ Other _____ | | | |

Onset of symptoms after contact:

- ___ Immediately
- ___ Within 15 minutes
- ___ Within an hour
- ___ Within 2 hours
- ___ Unknown/Varies

If you will provide meals/snacks, please explain: _____

Does your child require an antihistamine at school? Yes ___ No ___ Location: _____

Medication/Dose: _____

Does your child require Epinephrine while at school? Yes ___ No ___ Location: _____

Can your child self-administer Epinephrine at school? Yes ___ No ___

(Middle/High School students self-carry only with doctor approval)

Has your child ever need Epinephrine to treat symptoms? Yes ___ No ___

Staff use

Explain: _____

NOTE: Parents are responsible for providing medication to be given during school. A Medication Authorization Form needs to be filled out and signed by a health care provider and parent annually. Medications must be in the original labeled container.

PLEASE COMPLETE & SIGN NEXT PAGE

EMERGENCY ACTION PLAN FOR STAFF

STEPS FOR SEVERE ALLERGIC REACTION

IF YOU SEE THIS: MILD REACTION _____

Do This:

- Have student come to office with an escort
- Call parent/guardian to inform them of situation and administer student's antihistamine on file (if applicable)
Give _____ mg _____ by mouth.
- Locate the student's epinephrine pen (if applicable)
- Continue to monitor student for 20-30 minutes & observe for any symptoms of **anaphylaxis (see below)**

IF YOU SEE THIS: ANAPHYLAXIS, SEVERE ALLERGIC REACTION

Mouth: Itching, tingling or swelling of lips, tongue, or mouth

Throat: Itching or tightening in the throat, hoarseness, hacking cough

Skin: Hives, itchy rash, swelling of the face or extremities

Gut: Nausea, abdominal cramps, vomiting, diarrhea

Lung: Shortness of breath, hacking cough, wheezing

Heart: Weak or irregular pulse, dizziness, low blood pressure, pale, blue



DO THIS FOR SEVERE ANAPHYLACTIC REACTION:

- **Call the school office to have the EpiPen brought to the student's location immediately**
- **Have the school office call a "Medical Support" Response and call 911**
- **Administer the EpiPen immediately. May repeat with a second EpiPen (if available) after 5-20 minutes**
 - Dispose of needle and injector in red sharps container
 - Give EpiPen packaging and copy of this health plan to emergency response personnel
- Notify parent/guardian (EpiPen administration/calling 911 priority to be done first)
- Notify building principal if not already aware
- Complete an accident/incident report AND Medical Support Report Form

Comments/Special Instructions: _____

Memo of Understanding:

- It is the mutual responsibility of parent & teacher to review party/field trip menus & make arrangements.
- It is the responsibility of the parent to review lunch menus with their child.
- It is understood that students are not allowed to share food or eating utensils at school.
- It is understood that a parent will complete and sign a Food Allergy Health Plan annually.
- It is understood that a parent will provide emergency medications needed at school.
- It is the responsibility of the parent to notify the school district of any changes in the health plan.

This plan and medication will be used in case of emergency and accompany student off school property. This information may be shared with the classroom teacher(s), administrators, aides, bus driver, and other appropriate school personnel with a need to know.

Parent/Guardian Signature: _____ Date _____

School Nurse: _____ Date _____

Building Administrator: _____ Date _____

Physician Signature (if applicable): _____ Date _____