

Excellence in Academic Achievement

Carrizo Springs Consolidated Independent School District

FOOD ALLERGY ACTION PLAN

Student's Name: _____ Student ID: _____

Food allergy: _____

Asthma: 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 THE ABOVE SYMPTOMS CAN POTENTIALLY PROGRESS TO A LIFE-THREATENING SITUATION

Action for *minor* reaction:

If symptom (s) are: _____

- ◆ Administer (medication/dose/route): _____
- ◆ Then call: Parent/Guardian and Health Care Provider.
- ◆ If conditions does not improve within 10 minutes, follow steps for Severe Reaction below:

Action for *severe* reaction:

If symptom (s) are: _____

- ◆ Administer (medication/dose/route): _____
- ◆ Call: 911 (never hesitate to call 911)
- ◆ Call: Parent (s) or Guardian. (Phone/Cell #: _____)
 Emergency contact #1: (Name/phone #: _____)
 Emergency contact #2: (Name/phone #: _____)
- ◆ Call: Health Care Provider. (Phone #: _____)

Parent/Guardian Name

Parent/Guardian Signature

Date

Physician Name

Physician Signature

Date