

**FOOD ALLERGY ACTION PLAN FOR:** \_\_\_\_\_

**LIFE THREATENING ALLERGY TO:** \_\_\_\_\_

D.O.B: \_\_\_\_\_ \* Weight: \_\_\_\_\_ \* Student in \_\_\_\_\_ Class

**Mother:** \_\_\_\_\_ **Father:** \_\_\_\_\_

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Allergy Doctor:** \_\_\_\_\_

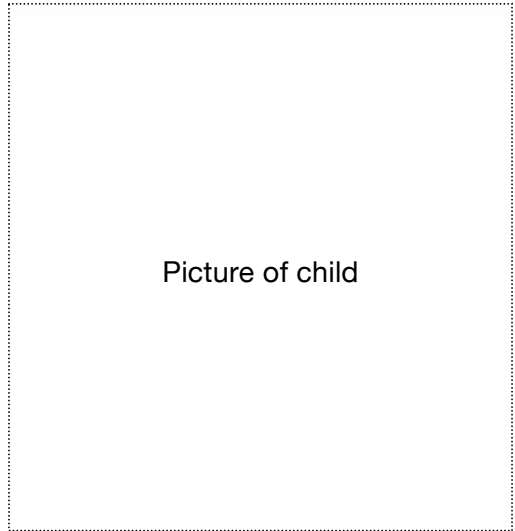
**Dr. Office:** \_\_\_\_\_

**Medicines contained in allergy kit:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_



**WHAT TO DO IF A REACTION OCCURS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**IF CHILD DEVELOPS ANY OF THE FOLLOWING SYMPTOMS:**

- MODERATE HIVES, (defined as a handful of hives limited to one area of the body – usually the face)
- RASH (typically redness around mouth and face)
- ITCHING OR SNEEZING
- 

**SPECIFY MEDICATIONS AS NEEDED:**

\_\_\_\_\_  
\_\_\_\_\_

**IF CHILD DEVELOPS ANY OF THE FOLLOWING SYMPTOMS OF SEVERE ALLERGIC REACTIONS:**

- BREATHING DIFFICULTIES, (Gasping for Breath, Inability to Talk)
- SWELLING OF THE LIPS, TONGUE, THROAT, FACE OR EYES
- SEVERE HIVES (defined as more than a handful of hives, or hives on multiple parts of the body)
- SEVERE ITCHING
- SEVERE ABDOMINAL CRAMPS, VOMITING OR DIARRHEA
- DROP IN BLOOD PRESSURE

