



Date: _____

Food and Environmental Allergy Action Plan

Child's Name: _____ DOB _____

Allergy To: _____

Asthmatic Yes* No *High risk for severe reaction.

Signs of an Allergic Reaction

- Mouth itching and swelling of lips, tongue and mouth
- Throat* itching and/or 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 * symptoms can potentially progress to a life threatening situation.

ACTION FOR MINOR REACTION

1. If only symptoms are: _____, give _____

2. Then call:(mother) _____
(father) _____ or emergency contacts.

3. Call Dr. _____ 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 symptoms are: _____
Give _____ IMMEDIATELY.

2. Call 911.

3. Then call Mother, Father and or emergency contacts at numbers listed above.

4. Then call Dr. _____

DO NOT HESITATE TO CALL THE RESCUE SQUAD!

Signature of Parent or Guardian _____ Date: _____