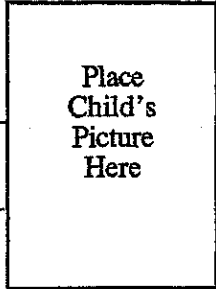


North Tonawanda City School District
175 Humphrey Street • North Tonawanda NY 14120

Food Allergy Action Plan



ALLERGY TO: _____

Student's Name: _____ D.O.B: _____ Teacher: _____

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 _____
medication/dose/route

Then call:

2. Mother _____, Father _____, or emergency contacts.
3. 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 symptom(s) are: _____,
give _____ IMMEDIATELY!
medication/dose/route

Then call:

2. Rescue Squad (ask for advanced life support)
3. Mother _____, Father _____, or emergency contacts.
4. Dr. _____ at _____

DO NOT HESITATE TO CALL RESCUE SQUAD!

Parent's Signature _____ Date _____ Doctor's Signature _____ Date _____

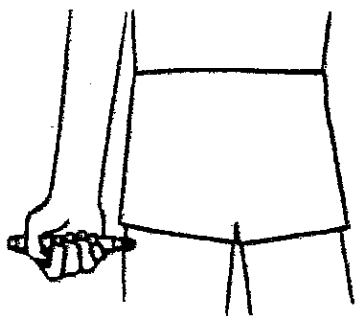
EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1.	1. _____ Room _____
Relation: _____ Phone: _____	2. _____ Room _____
2.	
Relation: _____ Phone: _____	3. _____ Room _____
3.	
Relation: _____ Phone: _____	

EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off gray activation cap.



2. Hold black tip near outer thigh (always apply to thigh).



3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and taken with you to the Emergency Room. Massage the injection area for 10 seconds.

For children with multiple food allergies, use one form for each food.

