

MOUNT PLEASANT CENTRAL SCHOOL DISTRICT

825 West Lake Drive
Thornwood, NY 10594

Food Allergy Action Plan

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

Teacher: _____

Allergy to: _____

Asthmatic*: Yes No * Higher risk for severe reaction

STEP 1: TREATMENT

Symptoms:

Give Checked Medication:**

- If a food allergen has been ingested, but *no symptoms*: EpiPen Antihistamine
- Mouth Itching, tingling, or swelling of lips, tongue, mouth EpiPen Antihistamine
- Skin Hives, itchy rash, swelling of the face or extremities EpiPen Antihistamine
- Gut Nausea, abdominal cramps, vomiting, diarrhea EpiPen Antihistamine
- Throat † Tightening of throat, hoarseness, hacking cough EpiPen Antihistamine
- Lung † Shortness of breath, repetitive coughing, wheezing EpiPen Antihistamine
- Heart † Thready pulse, low blood pressure, fainting, pale, blueness EpiPen Antihistamine
- Other † _____ EpiPen Antihistamine
- If reaction is progressing (several of the above areas affected), give EpiPen Antihistamine

The severity of symptoms can quickly change. † Potentially life-threatening.

DOSAGE

Epinephrine: Inject intramuscularly (circle one) EpiPen EpiPen Jr. (see reverse side for instructions)

Antihistamine: Give _____
medication/dose/route

Other: Give _____
medication/dose/route

STEP 2: EMERGENCY CALLS

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ at _____

3. Emergency Contacts:

Name/Relationship	Phone Number(s)
a. _____	_____
b. _____	_____
c. _____	_____

Even if Parent/Guardian cannot be reached, do not hesitate to medicate or take child to medical facility!

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____

TRAINED STAFF MEMBERS

- | | |
|----------|------------|
| 1. _____ | Room _____ |
| 2. _____ | Room _____ |
| 3. _____ | Room _____ |

EPIPEN® and EPIPEN® JR. DIRECTIONS

- Pull off gray activation cap
- Hold black tip near outer thigh (always apply to thigh)



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions.
- Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.
- Once EpiPen® is used, call the Rescue Squad. State additional epinephrine may be needed. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

*** Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*

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SELF-MEDICATION RELEASE FORM

Date: _____

Child's Name: _____

Has been instructed in the proper use of the following medication procedures:

We, (Physician's signature) _____

And (Parent or Guardian's signature) _____

request that (Child's name) _____ be

permitted to carry the medication on his/her person or to keep same in his/her locker or P.E. locker, as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use.