

2017/2018 Religious School
Food Allergy Action Plan

Student Name: _____

Grade: _____

Emergency Contact Information:

Primary Contact: _____
Name/Relationship *Phone Number*

Secondary Contact: _____
Name/Relationship *Phone Number*

Physician Name: _____ Physician Number: _____

Parent/Guardian Signature: _____ **Date:** _____

Food Allergy(s)/Intolerances

Check ALL that apply: (please fill out detailed information below for each item checked)

_____ Peanut _____ Tree nuts _____ Wheat _____ Gluten _____ Dairy
_____ Soy _____ Eggs _____ Other (please list) _____

Will you be sending an Epi-Pen to be kept in the Religious School Office? YES NO

Allergy/Intolerance #1: _____ **Reaction to ingestion:** _____

Is there a history of anaphylactic reaction to this food allergy? YES NO

If yes, please explain: _____

Can your child eat products that have the following cross contaminate warnings?

“This product has been processed (in a plant) that may contain” YES NO

“This product has been processed (on equipment) that may contain” YES NO

If ingested, Shaare Emeth Religious School should:

Administer Epi-Pen Administer Benadryl Call Contacts Other: _____

Allergy/Intolerance #2: _____ **Reaction to ingestion:** _____

Is there a history of anaphylactic reaction to this food allergy? YES NO

If yes, please explain: _____

Can your child eat products that have the following cross contaminate warnings?

“This product has been processed (in a plant) that may contain” YES NO

“This product has been processed (on equipment) that may contain” YES NO

If ingested, Shaare Emeth Religious School should:

Administer Epi-Pen Administer Benadryl Call Contacts Other: _____

Allergy/Intolerance #3: _____ **Reaction to ingestion:** _____

Is there a history of anaphylactic reaction to this food allergy? YES NO

If yes, please explain: _____

Can your child eat products that have the following cross contaminate warnings?

“This product has been processed (in a plant) that may contain” YES NO

“This product has been processed (on equipment) that may contain” YES NO

If ingested, Shaare Emeth Religious School should:

Administer Epi-Pen Administer Benadryl Call Contacts Other: _____

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Short of breath, wheezing, repetitive cough



HEART

Pale, blue, faint, weak pulse, dizzy



THROAT

Tight, hoarse, trouble breathing/ swallowing



MOUTH

Significant swelling of the tongue and/or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.



- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.

 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy/runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea/ discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: [] 0.15 mg IM [] 0.3 mg IM

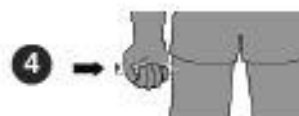
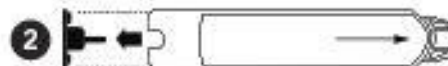
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

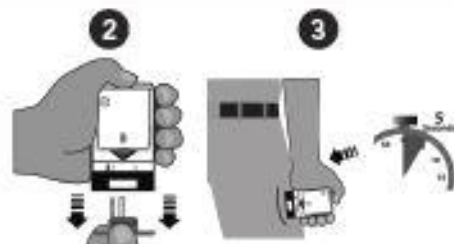
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

