

# Child Food Allergy Emergency Plan

(Only needed if child has physician diagnosed food allergy that requires the use emergency action/medication  
– A new plan is needed each school year)

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_  
\_\_\_\_\_ if ingested only \_\_\_\_\_ if exposed by breathing, touching or ingesting

This child's classroom must be \_\_\_\_\_ free due to the severity of this child's allergy.  
(name of food item(s))

Other children in this classroom are allowed to bring \_\_\_\_\_ into the room but  
this/these food item(s) need to be kept away from this child. (name of food item(s))

Asthmatic (Higher risk for severe reaction) \_\_\_ Yes \_\_\_ No

## STEP 1: TREATMENT

### Symptoms:

### Give Checked Medication

To be determined by physician authorizing  
treatment)

- |  |                 |                   |
|--|-----------------|-------------------|
| • If a food allergen has been ingested, but <i>no symptoms</i>               | ___ Epinephrine | ___ Antihistamine |
| • If child has been exposed by breathing or touching, but <i>no symptoms</i> | ___ Epinephrine | ___ Antihistamine |
| • Mouth Itching, tingling or swelling of lips, tongue, mouth                 | ___ Epinephrine | ___ Antihistamine |
| • Skin Hives, itchy rash, swelling of the face or extremities                | ___ Epinephrine | ___ Antihistamine |
| • Gut Nausea, abdominal cramps, vomiting, diarrhea                           | ___ Epinephrine | ___ Antihistamine |
| • Throat** Tightening of throat, hoarseness, hacking cough, itching          | ___ Epinephrine | ___ Antihistamine |
| • Lung** Shortness of breath, repetitive coughing, wheezing                  | ___ Epinephrine | ___ Antihistamine |
| • Heart** Thready pulse, low blood pressure, fainting, pale, blueness        | ___ Epinephrine | ___ Antihistamine |
| • Other** _____  | ___ Epinephrine | ___ Antihistamine |

\*\*Potentially life-threatening- Act Fast / Severity of symptoms can quickly change / Only a few symptoms may present  
Bronchodilators and/or antihistamines cannot be depended on in Anaphylaxis.

### DOSAGE

**Epinephrine:** Inject intramuscularly in the thigh using (circle one) Epi Pen Epi Pen Jr.

**Antihistamine:** give \_\_\_\_\_ (Name of antihistamine, dosage,  
method of administration)

**Other:** give \_\_\_\_\_ (Medication, dosage, method of  
administration)

**REPEAT:** \_\_\_\_\_

## STEP 2: EMERGENCY CALLS

1. Stay with child. Call 911. Note time epinephrine was given, a second dose may be given 5 minutes or more after first dose if symptoms persist or recur. State that an allergic reaction has been treated and additional epinephrine may be needed.

2. Parent: \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent: \_\_\_\_\_ Phone Number \_\_\_\_\_

**3. EVEN IF PARENT CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_