

Child Care Emergency Plan for Food Allergic Reactions

ALLERGY TO: _____

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

Asthma 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 the above symptoms can potentially progress to a life-threatening

ACTION FOR MINOR REACTION

If symptom(s) are: _____

■ Administer: _____
medication/dose/route

■ Then call: Parent/Guardian and Doctor

■ If condition does not improve within 10 minutes, follow steps for Severe Reaction below:

ACTION FOR SEVERE REACTION

If symptom(s) are: _____

■ Administer: _____ IMMEDIATELY!
Medication/dose/route

■ Call: 911 (Never hesitate to call 911)

■ Call: Parent or Guardian

■ Call: Doctor

Parent/guardian _____ phone # _____

Parent/guardian _____ phone # _____

Doctor _____ phone # _____

Parent/guardian signature _____ Date: _____

Doctor's signature (Required) _____ Date: _____