

**CEDAR BLUFFS PUBLIC SCHOOLS
FOOD ALLERGY ACTION PLAN**

ALLERGY TO: _____

Student's Name _____

DOB _____

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

(2) Then call: 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

(2) Then call: 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 _____

Doctor's Signature _____

Date _____

Date _____