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Beth Schutte, R.N.
District School Nurse

FOOD ALLERGY ACTION PLAN

Dear Parents or Guardian:

This plan should be completed by the student's physician and parents/guardian. Please have the physician to give guidelines on type of food allergy and treatment protocol, so that the school staff will be clear on what is to be done.

Please have the physician complete the attached form "Permission to Administer Medication" if medication is to be given at school. Please send all medication in original labeled container from the pharmacy.

Each school year this plan must be completed by the student's physician and parents/guardian. If you have any questions or concerns, please call the Nurse or Health Aide in your child's school.

Thank you,
Beth Schutte, R.N.
District School Nurse for Haysville Schools

Food Allergy Action Plan

Name: _____ D.O.B: _____ Teacher: _____

ALLERGY TO: _____

Asthmatic Yes: _____ No: _____ (Higher risk for severe reaction)

STEP 1: TREATMENT

Symptoms:

- If a food allergen has been ingested, but no symptoms:
- Mouth: Itching, tingling, or swelling of lips, tongue, mouth
- Skin: Hives, itch rash, swelling of the face or extremities
- Gut: Nausea, abdominal cramps, vomiting, diarrhea
- Throat: Tightening of throat, hoarseness, hacking cough
- Lung: Shortness of breath, repetitive coughing, wheezing
- Heart: Pale, blue, faint, weak pulse, dizzy, confused, low blood pressure
- Other _____
- If reaction is progressing (several of the above affected), give:

Give Checked Medication

(To be determined by physician authorizing treatment)

___ Epinephrine	___ Antihistamine
___ Epinephrine	___ Antihistamine
___ Epinephrine	___ Antihistamine
___ Epinephrine	___ Antihistamine
___ Epinephrine	___ Antihistamine
___ Epinephrine	___ Antihistamine
___ Epinephrine	___ Antihistamine
___ Epinephrine	___ Antihistamine
___ Epinephrine	___ Antihistamine

Medication/Dosage:

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

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

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS AND MONITORING

1. Inject epinephrine and note time administered then immediately call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call parents, guardian or emergency contacts.
3. Treat student even if parents or guardian cannot be reached.

Parent/Guardian _____ Phone: _____

Emergency Contact:

Name/Relationship: _____ Phone: _____

Parent/Guardian Signature _____ Date _____

Physician Signature _____ Date _____