

**Food Action Allergy Plan  
Rose Hill USD 394**

Student's name \_\_\_\_\_

DOB \_\_\_\_\_

Allergic to: \_\_\_\_\_

**Step 1: Treatment-please check appropriate treatment boxes**

Symptoms:	Give epinephrine	Give antihistamine	Monitor only
If food allergen ingested but no symptoms			
Itching, tingling, swelling of lips, tongue, mouth			
Hives, itchy rash, swelling of face, extremities			
Nausea, abdominal cramps, vomiting, diarrhea			
Tightening of throat, hoarseness, hacking cough			
Shortness of breath, repetitive cough, wheezing			
Weak or thready pulse, low BP, fainting, pale, blueness			
Other: _____			
If reaction progresses (several of above areas affected)			

**Medications to administer**

**Epinephrine:** (circle one) Epi-pen      Epi-pen jr.      Twinjet 0.3      Twinjet 0.15  
(instructions on back)

**Antihistamine:** \_\_\_\_\_  
Medication/dose/route

Asthmatic:    yes \_\_\_\_\_      no \_\_\_\_\_

Please list inhalers \_\_\_\_\_

**Step 2: Emergency Calls**

1. If epinephrine is administered, 911 should be summoned-state that an allergic reaction has been treated

2. Parent \_\_\_\_\_ Phone # \_\_\_\_\_ or \_\_\_\_\_  
Parent \_\_\_\_\_ Phone # \_\_\_\_\_ or \_\_\_\_\_

Emergency contacts:

a. \_\_\_\_\_ Phone # \_\_\_\_\_ or \_\_\_\_\_  
b. \_\_\_\_\_ Phone # \_\_\_\_\_ or \_\_\_\_\_

3. Dr. \_\_\_\_\_ Phone # \_\_\_\_\_

4. Contact school principal or nurse if reaction occurs on field trip

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

Teri Koester, RN  
Janis Engels, Health aide  
Lindsay George, RN  
Christy Franz, Health aide

HS Phone 776-3376  
MS Phone 776-3380  
ES Phone 776-3385

Fax 776-3378  
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