

Sample

## **FOOD ALLERGY**

Student:	Gr	ade: School	Contact:	DOB:
Asthmatic:  Yes	■ No (increased risk for	severe reaction) A	Allergen(s):	
				MCell #:
Father:		FHome #:	FWork #:	FCell #:
Emergency Contact:		Relation	nship:	Phone:
SYMPTOMS OF A  MOUTH THROAT SKIN STOMACH LUNG HEART	N ALLERGIC REACT Itching & swelling of Itching, tightness in Hives, itchy rash, sw Nausea, abdominal c	flips, tongue or mout throat, hoarseness, co elling of face and extra gramps, vomiting, diar repetitive cough, whe assing out"	DE ANY/ALL OF TI h, mouth "feels hot" ugh remities rhea rezing uickly –	
STAFF MEMBERS INSTRUCTED:  Administration  Classroom Teacher(s)  Support Staff  Transportation Staff				
Epinephrine ordered  IF INGESTION AND EPIN Preferred Hospital if Epinephrine provide rate. This is a norma	all parent/guardian if off:  Yes No Special OR SUSPECTED IN NEPHRINE IS ORDE transported:  a 20 minute response well response. Students received.	school grounds. al instructions:  GESTION OF ALI RED, GIVE EPINI indow. After epinepheiving epinephrine sho	LERGEN OCCURS, S EPHRINE IMMEDIA  ———  nrine, a student may feel ould be transported to the	
	for other students is pres			
_	n:   Medication availables:			bus Does not ride bus
			Date: _	:
	☐ Copy provided to I	Parent	Copy sent to Healthca	

Parent/Guardian Signature to share this plan with Provider and School Staff: \_