FOOD ALLERGY/EMERGENCY ACTION PLAN

If your child has asthma see bottom of page

Student's Name ______________________ Teacher ______________________

ALLERGIC TO: ______________________

MEDICAL CONDITION: ______________

Please check all that apply

__ Mouth Itching & swelling of lips, tongue, or mouth
__ Throat Itching and/or a sense of tightness in the throat, hoarseness, and backing cough Hives,
__ Skin 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"

Parent/Guardian is always to be called immediately.

Parent/Guardian Name ______________________ Phone ____________

Secondary Contact ______________________ Phone ____________

Additional Contacts ______________________ Phone ____________

ACTION FOR MINOR REACTION Student has

If symptoms are noted, administer ____________________ medication in the office.

(medication) as noted on prescription/over the counter medicine form. If condition does not improve within 10 minutes, follow steps for Major Reaction noted below.

ACTION FOR MAJOR REACTION

Administer ______________________ (medication) as noted on prescription/over the counter medicine form and call 911.

Additional directions: ____

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Does your child have asthma __yes __no

Does he/she require an inhaler at school __ yes __ no

Turn Over →

SCHOOL BASED ASTHMA MANAGEMENT PLAN

Student's Name ______________________________ Teacher ___________________________

Parent/Guardian Name ____________________________ Phone____________________

Secondary Contact _______________________________ Phone____________________

Additional Contact _______________________________ Phone____________________

Does your child require their inhaler before gym class? yes no

A prescription use form signed by the doctor needs to be on file in the school office allowing for school personnel to administer the inhaler. (Forms are available in the school office).

Additional directions:____

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Parent or Guardian Signature: ____________________________________Date_____________