

**CARVER PUBLIC SCHOOLS
FOOD ALLERGY ACTION PLAN**

Allergy to: _____

Student: _____

Signs of an anaphylactic reaction:

Mouth: itching & swelling of lips, mouth & tongue

Throat: itching and/or severe tightness, hoarseness or coughing

Skin: hives, itchy rash, swelling in face or extremities

Gut: nausea, abdominal cramps and diarrhea

Heart: thready pulse, loss of consciousness

Action plan for a minor reaction:

1. If symptoms are : _____, **give** _____
(med, dose, route)

Then Call:

Parents:

_____ **(Mother)**

_____ **(Father)**

If condition does not improve within 10 minutes, follow steps below:

*******Watch Child Carefully For Progression*******

*******If ingestion is suspected or child has any signs of an anaphylactic reaction (listed above)**

1. Give Epipen in outer thigh IMMEDIATELY

2. Call 9-1-1 ask for Advanced Life Support

3. Notify parents at above numbers

Doctors signature _____

Parents signature _____

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