



LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Education Center
150 Abbey Lane
Levittown, New York 11756



FOOD ALLERGY ACTION PLAN

Health Services – School Year: _____

Student Name: _____ DOB: _____ Teacher: _____

Allergy to: _____

Asthma yes* no *Higher risk for severe reaction

Symptoms:

Give Checked Medication**

**To be determined by physician authorizing treatment

- | | | |
|--|-------------------|---------------------|
| • If a food allergen has been ingested, but no symptoms: | _____ Epinephrine | _____ Antihistamine |
| • Mouth: Itching, tingling or swelling of lips, tongue, mouth | _____ Epinephrine | _____ Antihistamine |
| • Skin: Hives, itchy rash, swelling of the face or extremities | _____ Epinephrine | _____ Antihistamine |
| • Gut: Nausea, abdominal cramps, vomiting, diarrhea | _____ Epinephrine | _____ Antihistamine |
| • Throat:+ Tightening of throat, hoarseness, hacking cough | _____ Epinephrine | _____ Antihistamine |
| • Lung:+ Shortness of breath, repetitive coughing, wheezing | _____ Epinephrine | _____ Antihistamine |
| • Heart:+ Weak or thread pulse, low blood pressure, fainting, pale, blueness | _____ Epinephrine | _____ Antihistamine |
| • Other:+ _____ | _____ Epinephrine | _____ Antihistamine |

+Potentially life-threatening. The severity of symptoms can quickly change.

DOSAGE:

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15mg

Antihistamine: give _____
 Medication/dose/route

Other: give _____
 Medication/dose/route

****STEP 2: EMERGENCY CALLS****

- Call 911 (or Rescue Squad) _____ State that an allergic reaction has been treated, and additional epinephrine may be needed.
- Doctor: _____ Phone Number: _____
- Parent: _____ Phone Number(s): _____
- Emergency contacts:

Name/Relationship	Phone Number(s)
a. _____	1. _____ 2. _____
b. _____	1. _____ 2. _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY:

Parent/Guardian Signature: _____ Date: _____

Doctor's Signature: _____ Date: _____