

## Emergency Allergy Action Plan

The Temple Shir Tikvah religious school curriculum involves a number of food-based activities, which may be held outdoors. Some of the foods may contain nuts. **We require that parents complete this form for each of their children with an allergy, whether or not the child has allergies that may require rapid medical attention.** This information will be relayed to your child's teacher. We strongly recommend that you meet with your child's teacher early in the year to review your child's particular needs, particularly if your child carries as Epi-Pen.

Does your child have any allergies? Yes \_\_\_ No \_\_\_

Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ INSERT PHOTO

Allergy: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Asthmatic: Yes\* \_\_\_ No \_\_\_ \*Higher risk for severe reaction

### STEP 1: TREATMENT

**Symptoms:**

If a food allergen has been ingested, but *no symptoms*:

**Mouth:** Itching, tingling, or swelling of lips, tongue, mouth

**Skin:** Hives, itchy rash, swelling of the face or extremities

**Gut:** Nausea, abdominal cramps, vomiting, diarrhea

**Throat\*:** Tightening of throat, hoarseness, hacking cough

**Lung\*:** Shortness of breath, repetitive coughing, wheezing

**Heart\*:** Thready pulse, low blood pressure, fainting, pale, blueness

**Other\*:** \_\_\_\_\_

**Give Checked Medication**

\_\_\_ EpiPen \_\_\_ Antihistamine

If reaction is progressing (several of the above areas affected), give \_\_\_ EpiPen \_\_\_ Antihistamine

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

**Medication Dosage**

**Epinephrine:** inject intramuscularly (circle one) **Epi-Pen** **Epi-Pen Jr**

**Antihistamine:** give \_\_\_\_\_  
medication/dose/route

**Other:** give \_\_\_\_\_  
medication/dose/route

### STEP 2: EMERGENCY CALLS

1. **Call 911** \_\_\_\_\_. (State that an allergic reaction has been treated and additional epinephrine may be needed.)

2. **Call Dr.** \_\_\_\_\_ at \_\_\_\_\_.

3. Emergency contacts: (Names and Phone Numbers)

a. _____	1.) _____	2.) _____
b. _____	1.) _____	2.) _____
c. _____	1.) _____	2.) _____

Even if parent/guardian cannot be reached, **DO NOT HESITATE** to medicate or take the child to the hospital!

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required)

updated 3/29/2017