

Expeditions Unlimited

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Food Allergy Action Plan

Name: _____

Allergy To: _____

Physician: _____ Phone #: _____

Emergency Numbers

Name: _____ Phone #: _____

Name: _____ Phone #: _____

PLEASE TELL US WHAT TO DO IN CASE OF AN ALLERGIC REACTION CHECK ALL THAT APPLY

This Occurs:

My Child's allergic reaction includes:

- Swelling, itching raised skin rash
- Generalized body flush, swelling or itching
- Nausea, abdominal cramps, vomiting and/or diarrhea
- Itching and swelling of lips, throat, or tongue causing hoarseness, swallowing difficulty, coughing, wheezing or shortness of breath.
- "Thready" pulse, "passing out"
 - These signs may occur
 - Within a few minutes
 - Within 30 minutes to 2 hours

The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation.

General First Aid

- Observe for 30 minutes
- Notify Parents
- Administer oral medication And
Name _____
Dosage _____
- Administer adrenaline (Epi Pen)
 - Immediately
- If symptoms occur (describe)

Student can self-administer Epi Pen? Yes No

If Epi pen is administered, an ambulance, then parents will be notified

Comments regarding other accommodations: _____

Parent Signature: _____ Date: _____