Place Child's Picture Here

EXTREME SPORTS SUMMER CAMP
FOOD ALLERGY ACTION PLAN

Allergic To:_____

Student's Name:_____DOB_____Teacher_____

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

STEP 1: TREATMENT

SYMPTOMS:

Give Circled Medications:

(To be determined by physicians 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	Thready pulse, low blood pressure, fainting, pale, blueness	Epinephrine	Antihistamine
Other	_____	Epinephrine	Antihistamine
If reaction is progressing (several of the above areas affected), give		Epinephrine	Antihistamine

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

DOSAGE:

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

Antihistamine: give_____

Medications/dose/route

Other: give_____

Medications/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.

Dr._____at_____

EMERGENCY CONTACTS

	Name	Relationship	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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

Parent/Guardian Signature_____ Date_____

Doctor's Signature_____ Date_____

Required