



FOOD ALLERGY & ASTHMA ACTION PLAN

You DO NOT need to complete this form if your child has no known allergies.

Student's Name: _____

Date of Birth: _____

ALLERGY TO: _____

Is student asthmatic: Yes or No Inhaler: Yes or No
Student has an EpiPen: Yes or No If yes: Junior or Regular

STEP 1: FOOD ALLERGY TREATMENT

The American Academy of Allergy Asthma & Immunology recommends epinephrine as the treatment of choice for anaphylaxis. Other medications, such as antihistamines, inhaled asthma medications, or steroids that subsequently may be given by physicians in treating anaphylaxis should not be regarded as first-line medications.

Symptoms:	Circle if Yes:
Food allergen has been ingested, no symptoms	Give Epinephrine
Mouth (itching, tingling or swelling of lips tongue, mouth)	Give Epinephrine
Skin (hives, itchy rash, swelling of the face or extremities)	Give Epinephrine
Gut (nausea, abdominal cramps, vomiting, diarrhea)	Give Epinephrine
Throat (tightening of throat, hoarseness, hacking cough)	Give Epinephrine
Lung (shortness of breath, repetitive coughing, wheezing)	Give Epinephrine
Heart (fainting, pale, blueness)	Give Epinephrine
Other: _____	Give Epinephrine

STEP 2: EMERGENCY CALLS

If epinephrine is administered, the school is required to call 911

Contacts:

Parent 1 _____ Home Phone _____

Cell Phone _____ Work Phone _____

Parent 2 _____ Home Phone _____

Cell Phone _____ Work Phone _____

To be notified if above cannot be reached: _____

Relation to student _____ Home Phone _____

Cell Phone _____ Work Phone _____

**PARENT PERMISSION FOR SELF-ADMINISTRATION OF EPINEPHRINE/INHALERS
& PERMISSION TO DISCUSS STUDENT MEDICAL CONDITION WITH EMS SERVICES**

Student's Name: _____

Date of Birth: _____

My child has permission to carry and self-administer EpiPen.

My child has permission to carry and self-administer an inhaler.

I give my permission for Pine Cobble School to discuss my child's medical condition with any emergency medical services personnel who may respond to an emergency situation with my child.

Signed:

Parent/Guardian Signature

Date

ACTION REQUIRED

Please have your child's physician fax a copy of the order for your child to carry and self-administer EpiPen and/or inhaler.

Fax to: 413-458-8174

Thank you.