

LEAVE NO SPACE BLANK
REQUIRED for every camper



SUMMER SCIENCE CAMP FOOD ALLERGY ACTION PLAN

STUDENT'S NAME _____

DOB _____

GRADE _____

ALLERGY TO: _____

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 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 BP, fainting, pale, blueness

If reaction is progressing (several of the above areas affected) give:

The severity of symptoms can quickly change. **potentially life threatening.*

Give Checked Medication

Epinephrine Antihistamine

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Dosage

Epinephrine: give _____

(dose/route)

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. Dr. _____

Phone _____

3. Emergency Contact: _____

Phone _____

Guardian Signature _____

Date _____

Doctor's Signature _____

Date _____

(Required)