EMMANUEL
CHRISTIAN ACADEMY

Food Allergy Emergency Action Plan-2023/2024

Student's Name: _____

D.O.B: _____ Grade: _____ Homeroom Teacher: _____

ALLERGY TO: _____

Does your child have a history of asthma? * Yes ☐ No ☐ *If yes, HIGH RISK for severe reaction

Signs/Symptoms of an Allergic Reaction

- MOUTH: Itching/swelling of the lips, tongue, &/or mouth
- *THROAT: Hoarseness, hacking cough, itching &/or sense of tightness in the throat
- SKIN: Hives, itchy rash, &/or swelling of the face/extremities
- ABDOMEN: Nausea, cramping, vomiting, &/or diarrhea
- *LUNG: Shortness of breath, repetitive coughing, &/or wheezing
- *HEART: Thready pulse, syncope or near-syncope

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

ACTION FOR MINOR REACTION

1. If the only symptom is _____,
   give _____(medication/dose/route).
2. Call Mom: _____
   Dad: _____
   Emergency Contact: _____

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

ACTION FOR MAJOR REACTION

1. If ingestion is suspected &/or symptoms are _____,
   Give EpiPen/EpiPen Jr. **IMMEDIATELY**!!

   Then call:

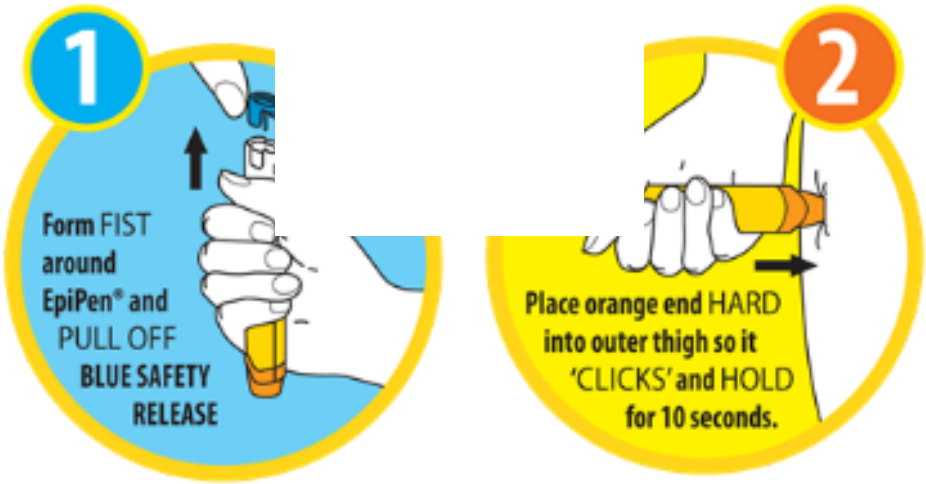
2. 911
3. Mom: _____
   Dad: _____
   Emergency Contact: _____

IF EPINEPHRINE IS ADMINISTERED, YOU MUST CALL 911!!

Parent's Signature: _____ Date: _____

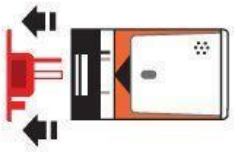
EMERGENCY CONTACTS:	TRAINED STAFF MEMBERS:
1. Name/Relationship:	1. Name: Amanda Byrd, RN
Phone Number:	Room #: Clinic-156
2. Name/Relationship:	2. Name:
Phone Number:	Room #:
3. Name/Relationship:	3. Name:
Phone Number:	Room #:

Epi-Pen Autoinjector



Auvi Q Autoinjector (follow voice prompts)

1) **Pull Off RED** safety guard



2) **Place BLACK** end **AGAINST OUTER THIGH, then PRESS FIRMLY** and hold for **5 seconds**