Paynesville Area Public Schools

District 741
Paynesville, MN 56362

Food Allergy and/or Bee Sting Allergy Action Plan

ALLERGY TO:_____

Student's Name:_____ D.O.B:_____ Teacher:_____

Asthmatic Yes* ☐ No ☐ *High risk for severe reaction

◆ SIGNS OF AN ALLERGIC REACTION ◆

Systems:	**Symptoms:**
•**MOUTH**	itching & swelling of the lips, tongue, or mouth
•**THROAT***	itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
•**SKIN**	hives, itchy rash, and/or swelling about the face or extremities
•**GUT**	nausea, abdominal cramps, vomiting, and/or diarrhea
•**LUNG***	shortness of breath, repetitive coughing, and/or wheezing
•**HEART***	"thready" pulse, "passing-out"

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

◆ ACTION FOR MINOR REACTION ◆

1. If **only symptom(s)** are:_____, give_____
medication/dose/route
_____

Then call:

2. Mother_____, Father _____, or emergency contacts.
3. Dr. _____ at _____

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

◆ ACTION FOR MAJOR REACTION ◆

1. **If ingestion is suspected and/or symptom(s) are:**_____,

give_____IMMEDIATELY!
medication/dose/route

Then call:

2. Rescue Squad (ask for advanced life support)
3. Mother_____, Father _____, or emergency contacts.
4. Dr. _____ at _____

DO NOT HESITATE TO CALL RESCUE SQUAD!

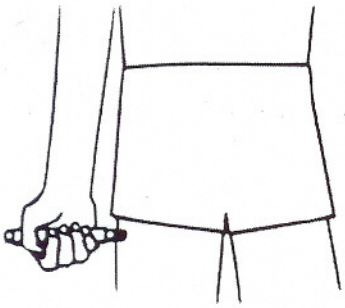
Parent's Signature_____Date_____ Doctor's Signature_____ Date____

EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1. _____ Relation:_____ Phone:_____	1. _____ Room _____
2. _____ Relation:_____ Phone:_____	2. _____ Room _____
3. _____ Relation:_____ Phone:_____	3. _____ Room _____

EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off gray activation cap.

2. Hold black tip near outer thigh (always apply to thigh).



3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and taken with you to the Emergency Room. Massage the injection area for 10 seconds.

For children with multiple food allergies, use one form for each food.

The Food Allergy & Anaphylaxis Network