



# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Known Allergy to: \_\_\_\_\_

\_\_\_\_\_ Asthma?  Yes  No

**Extremely reactive to the following food(s):** \_\_\_\_\_

*THEREFORE (check one if applicable):*

- Give epinephrine immediately for ANY symptoms if the allergen was likely eaten.
- Give epinephrine immediately if allergen was definitely eaten, even if no symptoms are noted.

PLACE  
STUDENT  
PHOTO  
HERE  
(Wallet Size)

**DO NOT depend on antihistamines or inhalers to treat a severe reaction. USE EPINEPHRINE — THEN CALL 911.**

## SEVERE DISTRESS SYMPTOMS

Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### DO THIS:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## MILD DISTRESS SYMPTOMS

Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### DO THIS:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Medication / Doses

Epinephrine Brand: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Epinephrine Dose:  0.15 mg IM  0.3 mg IM

Antihistimine Brand or Generic: \_\_\_\_\_

Antihistimine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

\_\_\_\_\_

## Health Insurance

Insurance Company \_\_\_\_\_

Subscriber # \_\_\_\_\_

Group # \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Pediatrician Name: \_\_\_\_\_

Pediatrician Phone: \_\_\_\_\_

Parent / Guardian Emergency Phone #1 \_\_\_\_\_ Parent / Guardian Signature \_\_\_\_\_

Parent / Guardian Emergency Phone #2 \_\_\_\_\_ Date \_\_\_\_\_