Food Allergy Action Plan

Place Child's Photo Here

Student's Name: ______________________________ **D.O.B:** ___________
Teacher: ____________________________________

FOOD ALLERGY: ____

♦STEP 1: TREATMENT♦

Symptoms:

Give Identified Medication:**
**(To be determined by physician authorizing treatment)

- 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 the 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 blood pressure, fainting, pale, blueness) ________________________
- Other ____ ________________________
- If reaction is progressing (several of the above areas affected), give ____________________________

MEDICATION DOSAGE

Epinephrine: inject intramuscularly. Give: ____

Antihistamine:
Give:____
Medication/dose/route

Other:
Give:____
Medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

♦STEP 2: EMERGENCY CONTACT ♦

1. Call 911 (or Rescue Squad: ______________________). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____________________ Phone Number: _____________________at____________________

3. Parents_________________ Phone Number(s)____

4. Emergency contacts:

Name/Relationship Phone Number(s)
a. ________________________________ 1.)______________________ 2.) __________________
b. ________________________________ 1.)______________________ 2.) __________________

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature____ Date_____________
Doctor's Signature____ Date_______________

Provided by Gordon Food Service

Special Diet Request Form

Section 504 of the Rehabilitation Act of 1973 assures handicapped students access to school meal service, even if special meals are needed because of their handicap.
"Handicapped student" means any student who has physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

In order for your child to have their school meal modified or substituted, please have your licensed physician fill out this form in full for your disabled child. For a child with a medical/ dietary need, please have a recognized medical authority fill out this form.

Student Name: ______________________________ Student Number: ______________
Date of Birth: ________________ School: ______________________________
Parent/Guardian: ____________________________ Phone Number: ______________

Physician Name: ____________________________ Phone Number: ______________
Email: ____________________________ Fax Number: ______________

Registered Dietitian: __________________________ Phone Number: ______________

Describe the student's Disability or Medical Condition causing the need for a special diet:

____

List any dietary restrictions or special diet: ______________________________________

List food(s) to be omitted from the diet (allergen, intolerance, sensitivity, etc.):

____
____

List food(s) that may be substituted in the diet: ____________________________________
____

*List food(s) that require a change in texture (bite size, finely ground, pureed, etc):
*If all foods require this alteration, please write "ALL"

____
____

Other Dietary Information and Directions:

____
____
____

I certify that the above named student is in need of special school meals prepared from the above-indicated foods and forms because of a handicap.

Physician / Dietitian Signature: ______________________________ Date: ____________

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**Please return this form to Linda Sowers, Food Service Manager