SELINSGROVE AREA SCHOOL DISTRICT

FOOD ALLERGY ACTION PLAN

Student Name_____ Grade_____ Date_____ Date of birth_____

Allergy to: _____ Reacts to: Ingestion ☐ Inhalation ☐ Direct Contact ☐

Asthma: Yes*____ No____ *higher risk for severe reaction Date of last allergic reaction_____

Symptoms student has experienced in the past: _____

Treatment student requires for an allergic reaction_____

Has student required emergency treatment? _____ Describe_____

Does student need to sit at an allergy free table at lunch? Yes ☐ No ☐

Can student eat foods that are made in a facility that processes peanuts/tree nuts? Yes ☐ No ☐

TREATMENT: To be completed by prescribing provider

Symptoms	**Give Checked Medication**	
A food allergen has been ingested but ***no symptoms***	Epinephrine ☐	Antihistamine ☐
THROAT: feeling tightness or swelling, hoarse voice, scratchy feeling	Epinephrine ☐	Antihistamine ☐
MOUTH: Itching, tingling or swelling of lips, mouth or tongue	Epinephrine ☐	Antihistamine ☐
SKIN: Hives, rash, swelling of the face or extremities	Epinephrine ☐	Antihistamine ☐
GUT: Nausea, vomiting, abdominal cramping, diarrhea	Epinephrine ☐	Antihistamine ☐
LUNG: Shortness of breath, coughing, wheezing	Epinephrine ☐	Antihistamine ☐
HEART: Fainting, weak pulse, blueness, pale, low BP	Epinephrine ☐	Antihistamine ☐
Other _____	Epinephrine ☐	Antihistamine ☐

***Medication Orders: Epinephrine auto-injector 0.3mg _____ 0.15mg _____ Repeat if needed_____**

***Antihistamine: Name_____ Dose_____**

I hereby give my permission for the medication(s) above to be given to my child by the School Nurse or designee of the School Nurse. I relieve the Selinsgrove Area School District and its employees of liability in the administration of this medication. I agree to allow the School Nurse or designee to contact the prescribing provider concerning the medication if necessary.

***Is student permitted to self-carry and administer the epinephrine autoinjector? Yes ☐ No ☐**

Parent Signature_____ Date_____

Prescribing Provider Signature _____ Date_____

Student Signature _____ Date_____

Revised 9/2020