

Name: _____

ALLERGY - DESCRIPTION:

This child has a **dangerous**, life threatening allergy to the following foods:

And all foods containing them in any form in any amount, including the following kinds of items:



Put child's photo here

For Posting in:

Classroom
Lunch room
Staff room
Office
Waist-Pack

AVOIDANCE:

The key to preventing an emergency is **ABSOLUTE AVOIDANCE** of these foods at all times.
Without an EpiPen, this child must not be allowed to eat anything other than foods brought from home.

EATING RULES: (list eating rules for the child)

POSSIBLE SYMPTOMS:

- flushed face, hives, swelling or itchy lips, tongue, eyes
- tightness in throat, mouth, chest
- difficulty breathing or swallowing, wheezing, coughing, choking
- vomiting, nausea, diarrhea, stomach pains
- dizziness, unsteadiness, sudden fatigue, rapid heartbeat
- loss of consciousness

ACTION – EMERGENCY PLAN:

- use EpiPen
- **HAVE SOMEONE CALL AN AMBULANCE** and advise the dispatcher that a child is having an anaphylactic reaction.
- If ambulance has not arrived in 10 – 15 minutes, and breathing difficulties are present (e.g. wheeze, cough, throat clearing) give a second EpiPen if available
- Even if symptoms subside entirely, this child must be taken to hospital immediately
- **EpiPen is kept:** _____