

Please complete and sign below and Return ASAP

TRINITY ACADEMY FOR THE PERFORMING ARTS

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INDIVIDUAL HEALTH CARE PLAN FOR FOOD ALLERGY ACTION PLAN

ALLERGY TO: _____

NEVER SEND STUDENT WITH SUSPECTED ALLERGIC RESPONSE ANYWHERE, ALONE!

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

Asthmatic: Yes* No *If yes, 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 REACTIONS** ◆

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

Then call:

2. Mother: _____ Father: _____ Emergency Contacts:
3. Doctor: _____ at _____ (See next page)

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

◆ **ACTION FOR MAJOR REACTIONS** ◆

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

Give (medication/dose/route) **IMMEDIATELY!**

Then call:

2. 911 (ask for advanced life support)
3. Mother: _____ Father: _____ Emergency Contacts:
4. Doctor: _____ at _____ (See next page)

School Principal or Administrator

DO NOT HESITATE TO CALL RESCUE SQUAD!

Parent's Signature _____ Date _____

School Nurse's Signature _____ Date _____