

## FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN Student ID #: Grade:

\_\_\_\_\_ D.O.B.: \_\_\_\_

PLACE PICTURE HFRF

Name:

Allergy to:

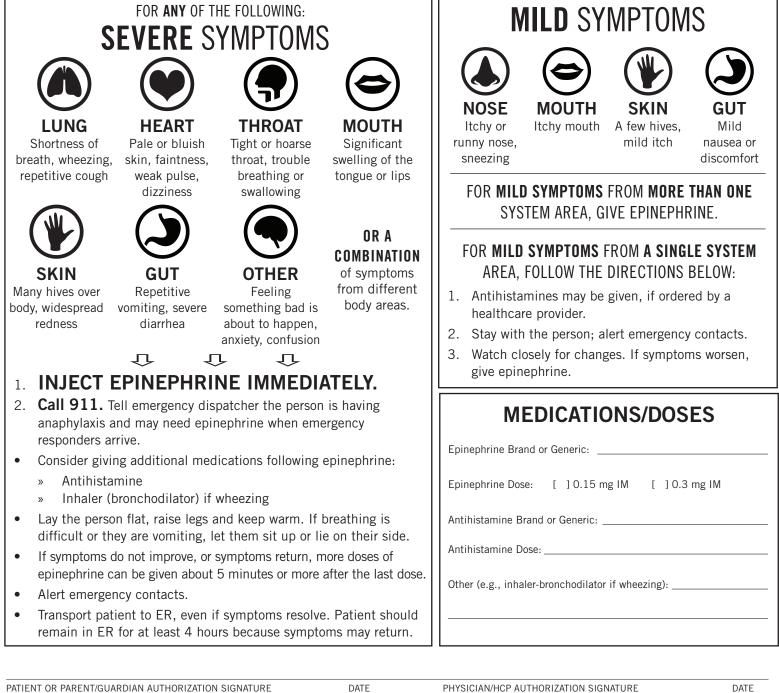
Weight: \_\_\_\_\_ Ibs. Asthma: [ ] Yes (higher risk for a severe reaction) [ ] No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

## Extremely reactive to the following allergens:

THEREFORE:

- [] If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.
- [] If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.

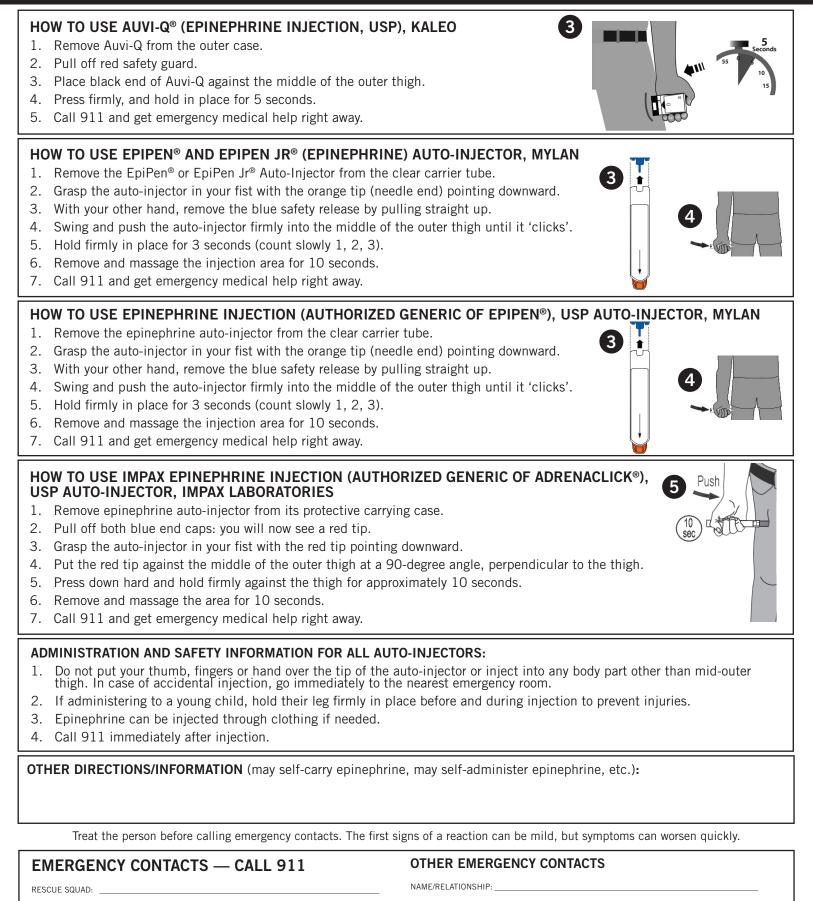


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DOCTOR: \_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_



PHONE:

NAME/RELATIONSHIP:

PHONE:
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PHONE: \_\_\_\_

\_\_\_ PHONE: \_\_\_\_\_