

Northern Burlington County Regional School District
160 Mansfield Road East
Columbus, NJ 08022

Phone: 609-298-3900
Fax: 609-324-8254- West Nurse
Fax: 609-920-2010- East Nurse
Fax: 609-920-2013 MS Nurse
Web: www.nburlington.com

Health Office Staff- High School

Diane Applegate, RN, MSN
Ext. 2018
Eileen Mancini, RN, BSN
Ext. 2085
Laura Tewes, RN
Ex.2085

Health Office Staff- Middle School

Dana Beaver, RN, BSN
Ext.4030

Food Allergy Action Plan

Allergy To: _____

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

Asthmatic: Yes* ___ No ___ * High risk for severe reaction

◆ Signs of an Allergic Reaction ◆ Please circle those that apply.

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 Reaction◆

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

Then call:

2. Mother _____, Father _____, or emergency contacts.

3. Doctor: _____ at _____.

If condition does not improve in 10 minutes, follow steps for Major reaction below.

◆Action for Major Reaction◆

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

Give: _____ **IMMEDIATELY!**
Medication/dose/route

Then call:

2. Rescue Squad (ask for advanced life support)

3. Mother _____, Father _____, or emergency contacts.

4. Dr. _____ at _____

DO NOT HESITATE TO CALL THE RESCUE SQUAD!

Parent's Signature _____ Date _____ Doctor's signature _____ Date _____

Doctor's Stamp _____