

Food Allergy Emergency Care Plan

Name: _____

Date of birth: _____

Known food allergies: _____

Common signs of an allergic reaction (this is not an exclusive list of symptoms)

MOUTH	Itching; tingling; swelling of lips, tongue or mouth
THROAT	Itching and/or a sense of tightness in the throat, hacking cough
SKIN	Hives, itchy rash, swelling about the face or extremities
GI	Nausea, vomiting, abdominal cramps, diarrhea
LUNGS	Shortness of breath, repetitive coughing, wheezing
HEART	"Thready" pulse, dizziness or fainting

During an allergic reaction his/her typical symptoms are:

NOTE: Different symptoms may occur with any reaction and severity of symptoms can change rapidly. A high level of suspicion needs to be maintained for any symptoms exhibited by someone with food allergies. **ACT QUICKLY!!**

If ingestion is suspected and/or symptoms are present, **IMMEDIATELY DO THE FOLLOWING:**

1. TREATMENT (include exact doses when applicable)

2. CALL 911 & THE CAMP NURSE

3. CONTACT PARENT/GUARDIAN/DESIGNEE

Parent/Guardian Emergency Contact: _____

Telephone (h) : _____ (w): _____ (cell): _____

Parent/Guardian Emergency Contact: _____

Telephone (h) : _____ (w): _____ (cell): _____

Emergency Contact (if Parent/Guardian not available)/Relationship/Telephone Number:

Healthcare Provider/Telephone: _____