

**MARPLE NEWTOWN SCHOOL DISTRICT
NEWTOWN SQUARE, PENNSYLVANIA 19073
HEALTH SERVICES DIVISION**

Food Allergy

What is a food allergy? A food allergy is an abnormal reaction to a food. It is caused by the immune system's abnormal response to a food and occurs in 1-3% of school children. A food allergy differs from other adverse food reactions such as food intolerances.

What foods cause food allergic reactions? While any food potentially can cause a food allergy, the few foods that are responsible for most food allergic reactions in children include the ingestion of eggs, cow milk, peanuts, soy, wheat, fish, shellfish, and tree nuts. In some cases, an allergic reaction can occur if the allergen is inhaled or if it comes into contact with the person's skin.

What are the typical symptoms that occur during a food allergic reaction? Symptoms of a food allergic reaction can range from mild and bothersome to severe and life threatening. They may involve several body systems including:

1. skin - leading to hives, swelling, itchy red rash
2. gastrointestinal tract – causing itching and/or swelling of the lips, tongue, or throat, nausea, abdominal pain/discomfort, vomiting, and /or diarrhea
3. respiratory tract – inducing watery, itchy eyes, runny or stuffy nose, sneezing, cough, chest tightness, wheezing, or shortness of breath, the most severe form of food allergy, called anaphylaxis, which means “without protection,” may lead to a serious fall in blood pressure and unconsciousness. Food allergic reactions generally occur rather quickly, usually within minutes to 1 to 2 hours after the allergenic food is eaten or contacted.

Can food allergies kill? Yes, severe anaphylactic reactions to foods may be fatal.

What is the parent's responsibility with regard to the school and the food allergic child? Parents are responsible for creating a partnership with the nurse, the teachers, and their child in order to prevent food allergic reactions in the school. The school needs to be informed about a food allergy in order to:

1. avoid or prevent food allergic reactions
2. recognize a reaction should one occur
3. give prompt treatment

The parent needs to supply the child with an appropriate lunch, snack and treats for unexpected classroom celebrations. If medication is required, it is the responsibility of the parent to provide the nurse with the necessary medication required to treat the child's reaction.

If your child has a food allergy, please take the reverse side of this paper to your child's healthcare provider for completion and signature.

Thank you for your cooperation.

Food Allergy Action Plan

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



ALLERGY TO: _____

Asthmatic Yes* No *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

Symptoms:

- If a food allergen has been ingested, but *no symptoms*:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat† Tightening of throat, hoarseness, hacking cough
- Lung† Shortness of breath, repetitive coughing, wheezing
- Heart† Thready pulse, low blood pressure, fainting, pale, blueness
- Other† _____
- If reaction is progressing (several of the above areas affected), give

Give Checked Medication:**
(To be determined by physician authorizing treatment)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

The severity of symptoms can quickly change. †Potentially life-threatening.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg (see reverse side for instructions)

Antihistamine: give _____ medication/dose/route

Other: give _____ medication/dose/route

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: _____) . State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ at _____

3. Emergency contacts:
Name/Relationship

Phone Number(s)

- | | | |
|----------|-----------|-----------|
| a. _____ | 1.) _____ | 2.) _____ |
| b. _____ | 1.) _____ | 2.) _____ |
| c. _____ | 1.) _____ | 2.) _____ |

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ (Required) Date _____