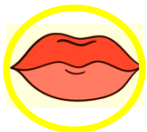


# FOOD ALLERGY ACTION PLAN

NAME: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

## YELLOW ZONE – MILD/MODERATE SYMPTOMS



SWOLLEN/ITCHY LIPS



NAUSEA/UPSET STOMACH



HIVES, RED BLOTCHES OR WELTS



THROAT FEELS FUNNY



NOTICABLE CHANGE IN BEHAVIOUR

**IMMEDIATELY CALL PARENTS!**



MEDICINE	HOW MUCH TO GIVE
BENADRYL	_____ ML

## RED ZONE – SEVERE REACTION



LOSS OF CONSCIOUSNESS



SWOLLEN TONGUE



CANNOT TALK



SEVERE SWELLING



CANNOT BREATHE



SEVERE VOMITING

**IMMEDIATELY GIVE EPIPEN**



**CALL 911 THEN CALL PARENTS!**

EMERGENCY CONTACT: Mother \_\_\_\_\_ Father \_\_\_\_\_ Primary Physician \_\_\_\_\_  
 Grandparent \_\_\_\_\_ Guardian \_\_\_\_\_