



Safeguarding children

1.16.4 Food allergy action plan

Name:		DOB:
Allergies:		
Area Affected	Symptoms (please circle all that apply)	Medication required Epi Pen or Antihistamine
If a food allergen has been ingested, but <i>no symptoms</i> :		
Mouth	Itching, tingling, swelling of lips, tongue, mouth	
Skin	Hives, itchy rash, swelling of the face or extremities	
Gut	Nausea, abdominal cramps, vomiting, diarrhoea	
Throat	Tightening of throat, hoarseness, hacking cough	
Lung	Shortness of breath, repetitive coughing, wheezing	
Heart	Thready pulse, fainting, pale, blueness	
Other		



Medication quantities to be given		
Type of medication	Dosage	Any other information
Epinephrine		
Antihistamine		
Emergency Contact Numbers		
Please give us 3 people we can contact in an emergency.		
Name	Contact Number 1	Contact Number 2
1.		
2.		
3.		
IF PARENT/GUARDIAN CANNOT BE REACHED, WE MAY NEED TO TAKE YOUR CHILD TO HOSPITAL, PLEASE SIGN BELOW FOR PERMISSION TO DO THIS.		
Parent/ Carer's Signature		
Print Name		
Date		