

**LEAVE NO SPACE BLANK  
REQUIRED for every camper  
with food allergies**

## FOOD ALLERGY ACTION PLAN

STUDENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

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 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 BP, fainting, pale, blueness

If reaction is progressing (several of the above areas affected) give:

The severity of symptoms can quickly change. *\*potentially life threatening.*

#### Give Checked Medication

Epinephrine       Antihistamine

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Epinephrine       Antihistamine

#### Dosage

Epinephrine: give \_\_\_\_\_  
(dose/route)

Antihistamine: give \_\_\_\_\_  
(medication/dose/route)

Other: give \_\_\_\_\_  
(medication/dose/route)

### Step 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional Epinephrine may be needed.

2. Dr. \_\_\_\_\_ Phone \_\_\_\_\_

3. Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)

Please complete and return form to: **Great Lakes Science Center  
Attn: Science Camps  
601 Erieside Avenue  
Cleveland, Ohio 44114**