



MONMOUTH COUNTY PARK SYSTEM FOOD ALLERGY ACTION PLAN

Place
Child's
Picture
Here

ALLERGY TO: _____

Participant's Name: _____ D.O.B. _____

Asthmatic: YES NO High Risk for Severe Reaction? YES NO

SIGNS OF AN ALLERGIC REACTION

SYSTEMS:

SYMPTONS:

- MOUTH itching & swelling of the lips, tongue, or mouth.
- THROAT* itching and/or a sense of tightness in the throat, hoarseness, and hacking cough.
- SKIN hives, itchy rash, and/or swelling about the face or extremities.
- GUT nausea, abdominal cramps, vomiting and/or diarrhea.
- LUNG* shortness of breath, repetitive coughing and/or wheezing.
- HEART* "thready" pulse, passing out.

* Above symptoms can potentially progress to a life threatening situation.
The severity of the symptoms can quickly change.

ACTION FOR MINOR REACTION

1. If only symptom(s) are: _____ give _____

THEN CALL:

2. Parent/Guardian 1 _____ Parent/Guardian 2 _____

EMERGENCY CONTACTS

3. Doctor _____ at _____

If condition does not improve within 10 minutes, follow steps for a Major Reaction below:

ACTION FOR A MAJOR REACTION

1. If ingestion is suspected and/or symptom(s): _____
give _____ IMMEDIATELY!

THEN CALL:

2. Rescue Squad (ask for Advanced Life Support)

3. Parent/Guardian 1 _____ Parent/Guardian 2 _____

EMERGENCY CONTACTS

4. Doctor _____ at _____

Physician's Signature: _____

I give my permission for trained Monmouth County Park System staff to administer the above medications.

Parent/Guardian Signature: _____