



E11844 County Road DL
Baraboo, WI 53913

Telephone (608) 356-4004
Fax (608) 356-4185

Food Allergy Action Plan

*Completion of this form is necessary **only** if participant has a food allergy*

Name: _____

Allergy To: Dairy Wheat Eggs Peanuts Tree Nuts Other: (Please list)

Physician: _____ Phone #: _____

Emergency Numbers
Name: _____ Phone #: _____

Name: _____ Phone #: _____

**PLEASE TELL US WHAT TO DO IN CASE OF AN ALLERGIC REACTION
CHECK ALL THAT APPLY**

This Occurs:
My Child's allergic reaction includes:

- Swelling, itching raised skin rash
- Generalized body flush, swelling or itching
- Nausea, abdominal cramps, vomiting and/or diarrhea
- Itching and swelling of lips, throat, or tongue causing hoarseness, swallowing difficulty, coughing, wheezing or shortness of breath.
- "Thready" pulse, "passing out"
 - These signs may occur
 - Within a few minutes
 - Within 30 minutes to 2 hours

The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation.

General First Aid

- Observe for 30 minutes
- Notify Parents

Administer oral medication And
Name _____
Dosage _____

Administer adrenaline (Epi Pen)
 Immediately

If symptoms occur (describe)

Student can self-administer Epi Pen? Yes No

If Epi pen is administered, an ambulance, then parents will be notified

**** Please Note: Expeditions Unlimited cannot provide specialized meals for participants but we can provide a couple of additional options, as well as inform students of the ingredients found in prepared food.**

Please return this form **2 weeks** prior to scheduled arrival date.
If returned later than **2 weeks** additional options may not be available.

Comments regarding other accommodations: _____

Parental Signature: _____ Date: _____