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Food Allergy Action Plan

THIS FORM IS DUE BACK NO LATER THAN 2 WEEKS BEFORE YOUR RETREAT

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

Name: _____

Group: _____

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

(We do not provide specialized meals for vegetarians, vegans, or other lifestyle choices. If you have a food allergy, we will do our best to accommodate your needs)

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: _____