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**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: \_\_\_\_\_