

FOOD ALLERGY INCIDENT REPORT FOR:

- Date and time of incident: ___/___/___ @ ___:___ am/pm
- Location of incident: _____
- Staff/adults present:
 - Incident lead:
 -
- Possible food allergen exposure, if known: _____
- Symptoms observed include (check and circle all that apply):
 - Severe:
 - Mouth: swollen lips, tongue
 - Throat: strained voice, difficulty speaking or swallowing
 - Heart: dizziness, feeling faint, pale or turning blue, weak pulse
 - Lungs: cough, wheezing, short of breath, chest tightness
 - Gut: diarrhea, vomiting
 - Skin: diffuse redness or hives
 - Mind: confusion, sense of doom, anxiety
 - Mild:
 - Nose: itchy or runny nose, sneezing
 - Mouth: itchy or prickly mouth or tongue
 - Skin: mild itch or a few hives
 - Gut: mild nausea or discomfort
 - Others:
- Does the student have a known history of food allergy?
 - Yes, student has a known history of food allergy.
 - Emergency Care Plan (ECP) was available, obtained and followed for this incident.
 - No, student has no reported history of food allergy.
- Medications given:
 - Epinephrine injection brand _____ with a dose of _____ mg was injected to the _____ muscle and given every _____ minutes as needed per ECP.
Number of doses:
 - Approximate time of injection: ___:___ am/pm
 - Outcomes or reactions noted:
 - Benadryl (diphenhydramine) _____ mg was given by mouth every _____ hours as needed per ECP. Number of doses:
 - Approximate time of administration: ___:___ am/pm
 - Outcomes or reactions noted:
 - Inhaler brand _____ via _____ puffs was given every _____ hours per ECP.
Number of doses:
 - Approximate time of administration: ___:___ am/pm
 - Outcomes or reactions noted:
 - Other medications given:
 -

- Was 911 called?
 - Yes, 911 was called. Approximate time of call was: ___:___ am/pm
 - Ambulance/paramedics arrived at approximately: ___:___ am/pm
 - 911 was not called.

- Student was placed in a comfortable position:
 - Lying on back
 - Lying on side
 - Seated
 - Other:

- Emergency contacts notified include:
 - #1:
 - #2:

- Student was accompanied at all times and observed for any worsening or return of symptoms.

- Additional notes or information:

- Incident outcome:
 - Student was released/discharged to the care of _____ at approximately: ___:___ am/pm.
 - Student condition at time of release was: _____
 - Details:

- Family Educational Rights and Privacy Act (FERPA) exception applies.
 - During this incident, some student information may have been shared with others prior to obtaining written consent from parent or guardian. This incident meets the exception criteria of FERPA because the symptoms of a food allergy reaction posed a significant threat to the health and safety of the student.

- Expended medication supplies have been replenished.

- ECP stored in secure and accessible location.

- Classroom food allergy safety procedures have been reviewed and appropriate actions have been taken to minimize risk of future incidents.
 - Details:

REPORT COMPLETED BY: _____ DATE: ___/___/___
