



PLACE
PICTURE
HERE

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

History of anaphylaxis: Yes No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.



- ADMINISTER EPINEPHRINE IMMEDIATELY.**
- Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve.

ADDITIONAL PHYSICIAN COMMENTS

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE AND CALL 911.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine and call 911.

If this box is checked by the child's physician, the child has an extremely severe allergy to _____ and should be given epinephrine at the first sign of any symptoms, even if mild.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM (intramuscular) 0.15 mg IM 0.3 mg IM 1 mg IN (intranasal) 2 mg IN

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

Patient may self-carry Patient may self-administer

**Warren County Technical School
1500 Route 57, Washington NJ 07882
908-689-0122**

Anaphylaxis/Significant Allergic Reaction Allergy Plan

TREATMENT BY STUDENT (SELF-ADMINISTRATION- CHEK ALL THAT APPLY):

P.L.2007,c57, C.18A:40-12.3 directs that a student may be permitted to self-administer medications for potentially life threatening illness provided proper procedures are followed.

- This student has been instructed to carry epinephrine at all times in school or when attending a school sponsored event due to a potentially life-threatening allergy.
- This student understands, has been instructed, and is capable of the proper technique of self-administration of the prescribed medication(s).
- This student is aware that he/she must report any suspected exposure to allergen, any signs of allergic reaction, and any use of prescribed medication to an adult immediately.

Physician Signature: _____

Date: _____

Physician's Stamp:

PARENT – Please complete this page:

My child requires emergency administration of epinephrine by a pre-filled single- dose auto-injector mechanism containing epinephrine in the event of anaphylaxis.

I consent to the following for the 20 ____/20 ____ school year:

- I will assure that the medication is in its original prescription container.
- I understand that it is my responsibility to ensure that the student has the medication available at school at all times.
- I will be responsible for noting expiration date and replacing expired medication.
- I give permission for my child to receive medication at school as prescribed by my child's physician.
- I give permission for the release and exchange of information between the school nurse and my child's health care provider concerning my child's health and medications.
- I give permission for the school nurse to share this medical information with members of the district staff who have direct responsibility for my child in school or at a school sponsored event.
- For students allowed to carry and self-administer: Parents and students are responsible to make sure they have their medication with them for school/school sponsored events and that the medication is not expired.
- I understand that the district and its employees or agents shall incur no liability as a result of any injury arising from the administration or self-administration of medication by the pupil and/or staff, and we, the parents or guardians, indemnify and hold harmless the school district and its employees or agents against any claims arising out of the administration or self-administration of medication by the pupil and/or staff. Any person who acts in good faith in accordance with the requirement of P.L. 2007, c 57 shall be immune from any civil or criminal liability arising from actions performed pursuant to that section.
- I will contact the school nurse with any questions or changes in my child's health condition

Designation of Administration of Epinephrine

The Certified School Nurse, in consultation with the Building Administrator, may designate another employee of the district to administer a pre-filled single dose auto-injector mechanism containing epinephrine when the school nurse is not physically present at the scene. The employee(s) will be trained using the "Training Protocols for the Implementation of Emergency Administration of Epinephrine" issued by the New Jersey Department of Education. Delegates are assigned according to activity-sports, activities & trips. (Please check one answer below)

- I give consent for a trained employee(s) of the district to administer epinephrine in the event the school nurse is not present at the scene. I understand that the district and its employees or agents shall incur no liability as a result of any injury arising from the administration of a pre-filled single dose auto-injector mechanism containing epinephrine, and that I indemnify and hold harmless the district and its employees or agents against any claims arising from the administration of a pre-filled single dose auto-injector mechanism containing epinephrine.

Parent/Guardian Signature: _____ Date: _____

Student Self Administration
(Please check one answer below)

- I allow my child to carry and self-administer epinephrine auto-injector
- I do not allow my child to carry and self-administer epinephrine auto-injector

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____
(Student signature only required for those students allowed to self-administer)

Nurse Signature: _____ Date: _____