

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergy to: _____

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

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

Extremely reactive to the following foods: _____

THEREFORE:

If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

FOR ANY OF THE FOLLOWING:

SEVERE SYMPTOMS

 LUNG Short of breath, wheezing, repetitive cough	 HEART Pale, blue, faint, weak pulse, dizzy	 THROAT Tight, hoarse, trouble breathing/swallowing	 MOUTH Significant swelling of the tongue and/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.

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- INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they 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 them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy/runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea/discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

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.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

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

PARENT/GUARDIAN AUTHORIZATION SIGNATURE _____

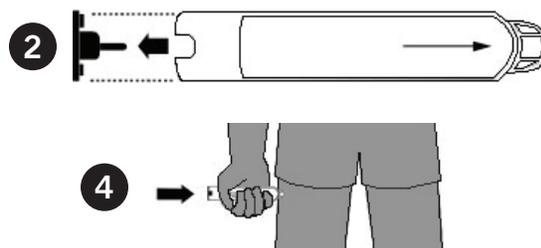
DATE _____

PHYSICIAN/HCP AUTHORIZATION SIGNATURE _____

DATE _____

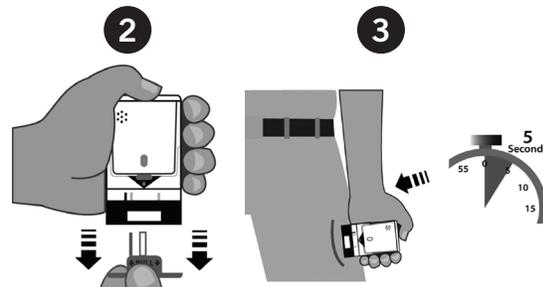
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat someone before calling Emergency Contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE



TOMS RIVER REGIONAL SCHOOLS

AUTHORIZATION FOR EMERGENCY ADMINISTRATION OF EPI-PEN BY A DESIGNATED INDIVIDUAL

Date: _____

I hereby authorized the Toms River Board of Education to designate a nurse, or in her absence, a trained designee, to administer the Epi-pen to my child _____ in case of an emergency.
(Name of child, please print)

Attached please find the written orders from Dr. _____, my child's physician, stating that my child required the administration of epinephrine for anaphylaxis and that he/she does/does not (please circle) have the ability to self-medicate.

I understand that if the procedures specified in the NJSA 18A:40-12.5 are followed that the district shall have no liability, as a result of any injury arising from the administration of a pre-filled, single dose, auto-injector mechanism containing epinephrine to the pupil and I shall indemnify and hold harmless the district and its employees.

Parent/Guardian Name (print)

Parent/Guardian, Signature

Date

TOMS RIVER BOARD OF EDUCATION

Dear Parent/Guardian:

Re: N.J.S.A. 18A:40-12.5 and 12.6 **Development of policy for emergency administration of epinephrine via pre-filled auto-injector mechanism to pupil.**

The board of education shall develop a policy in accordance with the guidelines established by the Department of Education pursuant to section 4 of P.L. 2007, c.57 (C.18A:40-12.6a) for the emergency administration of epinephrine via pre-filled auto-injector mechanism to a pupil for anaphylaxis provided that:

- a) The parents or guardian of the pupil provided to the board of education written authorization for the administration of the epinephrine;
- b) The parents or guardian of the pupil provide to the board of education written orders from the physician or advanced practice nurse that the pupil required the administration of epinephrine for anaphylaxis *and does/ does not (please circle) have the capability for self-administration of the medication;*
- c) The board informs the parents or guardians of the pupil in writing that the district and its employees or agents shall have no liability as a result of any injury arising from the administration of the epinephrine via pre-filled auto-injector mechanism;
- d) The parents or guardians of the pupil sign a statement knowledge their understanding that if the procedures specified in this section are followed, the district shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto injector mechanism to the pupil and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents or the non-public school and its employees or agents against any claims arising out of the administration of the administration of the epinephrine via a pre-filled auto-injector mechanism;
- e) The permission is effective for the school year for which it is granted and is renewed for each subsequent school year upon fulfillment of the requirements in subsections a. through d. of this section.

If you desire the above mentioned district policy provisions available to your student for this school year, please complete and sign all enclosed pages of this form and return immediately to the school nurse.

Sincerely,

_____ R.N.

I have read and acknowledge the above.

Parent Signature _____