

Flemington Raritan Regional School District

Anaphylaxis/Significant Allergic Reaction Allergy Plan

This form must be completed by a PHYSICIAN/APN/PA and PARENT ANNUALLY for any Student requiring Epinephrine while in school or at a school-sponsored event.

Page I -- To be completed by the Physician/Advanced Practice Nurse/Physician's Assistant

Name: _____ Date of birth: _____

Allergic 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.

Student extremely reactive to the following: _____

Therefore: [] If checked, give epinephrine immediately for any symptoms if ingestion/sting/exposure was likely.

[] If checked, give epinephrine immediately if ingestion/sting/exposure definitely occurred.

For ANY SEVERE SYMPTOMS:				MILD SYMPTOMS			
SKIN	GUT	OTHER	COMBINATION	NOSE	MOUTH	SKIN	GUT
Many hives over body, widespread redness	Repetitive vomiting, severe diarrhea	Anxiety, confusion, feeling something bad about to happen	Of symptoms from different body areas	Itchy, runny nose, sneezing	Itchy mouth	A few hives mild itch	Mild nausea, discomfort
<ol style="list-style-type: none"> 1. INJECT EPINEPHRINE IMMEDIATELY 2. Call 911 and tell them the child is having anaphylaxis and may need epinephrine when they arrive. 3. Consider giving these additional medications following the epinephrine: <ul style="list-style-type: none"> • Antihistamine • Inhaler (bronchodilator), if wheezing 4. 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 don't improve, or symptoms return, more doses of epinephrine can be given 5 minutes or more after the last dose. 5. Alert emergency contacts. 6. Transport them to the ER even if symptoms resolve. Person should remain in the ER for at least 4 hours because symptoms may return. 				<ul style="list-style-type: none"> • For mild symptoms in more than one symptom area, GIVE EPINEPHRINE • For mild symptoms from a single system area, follow the directions below: <ol style="list-style-type: none"> 1. Antihistamines may be given if ordered by the healthcare provider. 2. Stay with the person, alert emergency contacts. 3. Watch closely for changes. If symptoms worsen, GIVE EPINEPHRINE and follow steps for severe symptoms. 			

This is a modification of the Food Allergy and Anaphylaxis Action Plan provided by F.A.R.E.

MEDICATION:

Epinephrine: [] Epinephrine auto-injector 0.3mg injected IM up to 2 doses PRN
 (select one) [] Epinephrine auto-injector 0.15mg injected IM up to 2 doses PRN

Antihistamine: give _____
Medication/dose/route

Other: give _____
(Albuterol, etc.) Medication/dose/route

TREATMENT BY STUDENT (SELF-ADMINISTRATION) (Please check all that apply):

P.L.2007,c57 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.

Does the student require seating at an allergen free table? _____ Yes _____ No _____ Parent Decision

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: Extra medication will be sent to school to be kept in the Health Office in case my child forgets to bring the prescribed medication to school.
- 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.
- I do not consent** for an employee to be designated as an epinephrine delegate for my child.

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)