POINT PLEASANT BOROUGH BOARD OF EDUCATION

Emergency Health Care Plan and medication Orders for Life Threatening Allergies

Student Name: _____ Date of Birth: _____ School Year: _____

School: _____ Grade: _____ Unit/Teacher: _____

Allergy to: _____ Asthmatic: Yes / No

STEP 1: TREATMENT – to be completed by Physician

Symptoms	**Give Checked Medication** (to be determined by physician)	
If exposure to an allergen occurs, but *no symptoms*	☐ **Epinephrine**	☐ **Antihistamine**
• Mouth Itching, tingling, or swelling of lips, tongue, mouth	☐ **Epinephrine**	☐ **Antihistamine**
• Skin Hives, itchy rash, swelling of the face or extremities	☐ **Epinephrine**	☐ **Antihistamine**
• Gut Nausea, abdominal cramps, vomiting, diarrhea	☐ **Epinephrine**	☐ **Antihistamine**
• Throat* Tightening of throat, hoarseness, hacking cough	☐ **Epinephrine**	☐ **Antihistamine**
• Lungs* Shortness of breath repetitive coughing, wheezing	☐ **Epinephrine**	☐ **Antihistamine**
• Heart* Weak of thread pulse, low blood pressure, fainting, pale, blueness	☐ **Epinephrine**	☐ **Antihistamine**
• Other* _____	☐ **Epinephrine**	☐ **Antihistamine**
• If reaction is progressing (several of the above areas affected), give:	☐ **Epinephrine**	☐ **Antihistamine**

*Potentially life-threating, The severity of symptoms can quickly change

DOSAGE:

Epinephrine – prefilled auto-inject intramuscularly **(circle one): Epi-pen 0.3mg IM / Epi-pen 0.15mg IM**

Antihistamine - give (medication/dose): **Benadryl / Diphenhydramine HCL mg**

STEP 2: EMERGENCY CALLS – to be completed by Parent/Guardian

1. **Call 911** for Rescue Squad and state that an allergic reaction has been treated
2. Call: Mother: Home: _____ Work: _____ Cell: _____
   Father: Home: _____ Work: _____ Cell: _____
   Emergency Contacts:
   First Name: _____ Relationship: _____ Number: _____
   Second Name: _____ Relationship: _____ Number: _____
3. Healthcare Provider _____ Phone: _____
4. Preferred Hospital _____ Phone _____

SELF-ADMINISTRATION

I understand and agree that my child/patient requires the administration of epinephrine or a unit dose of Benadryl *in conjunction with* epinephrine when exposed to a specific allergen and he/she is capable of self-administration of the medication. **Yes / No**

DESIGNEES

I understand that the school nurse, when available, is responsible for the emergency care to my child/patient. In the absence of the school nurse, the nurse can designate and train another staff member to administer the Epi-pen. **Yes / No** **Antihistamine and 2nd dose of epinephrine cannot be given by any designee.**

CARRYING MEDICATION

I understand that on a trip, my child/patient may carry their own Epi-pens and Benadryl. **Yes / No**

BEFORE AND AFTER SCHOOL PROGRAM

This Emergency Plan and Medication Order may be used in the before and/or after school programs . **Yes / No Not applicable**

I hereby acknowledge that the Point Pleasant Board of Education, its agents and employees 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 to my child, and agree to indemnify and hold harmless the district, its employees and its agents against any claims arising out of the administration of a pre-filled, single dose, auto-injector mechanism containing epinephrine.

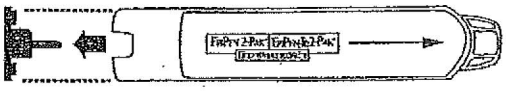
Parent/Guardian (circle one) Signature: _____ **Date:** _____

School Nurse's Signature: _____ **Date:** _____

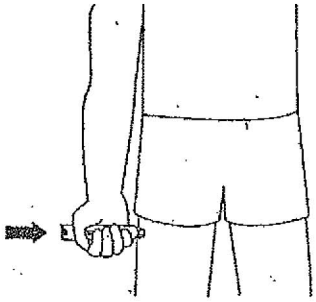
Physician's Signature and Stamp: _____ **Date:** _____

EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds

EpiPen 2-Pak® | EpiPen Jr 2-Pak®
(Epinephrine) Auto-Injectors 0.3/0.15mg

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Emergency Health Care Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

TRAINED STAFF MEMBERS

1. _____ Room _____
2. _____ Room _____
3. _____ Room _____