

Crest Memorial School District

Student Allergy-Emergency Epinephrine Administration Form

Student Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Date \_\_\_\_\_

To be completed by physician:

Student has had a documented episode of anaphylaxis: yes \_\_\_\_\_ date \_\_\_\_\_ no \_\_\_\_\_

Other medication/condition which may cause an adverse effect (ex. asthma/RAD) \_\_\_\_\_

Asthma Action Plan completed: yes \_\_\_\_\_ no \_\_\_\_\_ n/a \_\_\_\_\_

Order:

\_\_\_\_\_ if stung by \_\_\_\_\_

\_\_\_\_\_ after ingesting \_\_\_\_\_

\_\_\_\_\_ after exposure to \_\_\_\_\_

\_\_\_\_\_ if the following symptoms occur,

mouth: itching and/or swelling of lips, tongue, or mouth

throat: itching and/or sense of tightness in throat, hoarseness, hacking cough, and/or difficulty swallowing

skin: itching, hives, rash and/or swelling in any area of the body

gut: nausea, vomiting, abdominal cramps, and/or diarrhea

lungs: shortness of breath, sense of tightness

heart: rapid or weak pulse, dizziness and/or fainting

other: \_\_\_\_\_

\_\_\_\_\_ give Benadryl p.o. (dose) \_\_\_\_\_

\_\_\_\_\_ and observe student for up to 30 minutes followed by EPI-PEN

\_\_\_\_\_ give epinephrine via a pre-filled auto injector (EPIPEN) \_\_\_\_\_ (junior) \_\_\_\_\_ (adult)

\_\_\_\_\_ student is capable of self administration, has been instructed in its use, and may self administer EPI-PEN auto injector if circumstances allow

Physician signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Stamp:

**To be completed by parent/guardian:**

I hereby authorize the school nurse to administer Benadryl and EPI-PEN, as ordered by my child's physician, in the event of an acute allergic reaction.

If the medical doctor has authorized my child to self administer EPI-PEN, I also authorize my child to self administer the EPI-PEN. I will be aware of the expiration date and renew the injector when needed.

When the school nurse is not present, the Wildwood Crest School Board has approved designees for the emergency administration of epinephrine in the event of an anaphylactic reaction pursuant to statute 18A:40-12.6. They have been annually trained in the signs and symptoms of an allergic reaction, signs and symptoms of anaphylaxis, and in the administration of epinephrine via an auto-injector (EPI-PEN) as ordered by the student's medical doctor. The school delegate is not permitted to give Benadryl prior to administering the EPI-PEN. The Wildwood Crest School District and its employees shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism. I hereby authorize a designee to administer epinephrine via a pre-filled auto injector mechanism to my child in the event that the school nurse is not available.

I relieve the Wildwood Crest School Board of Education and its employees of any liability that may result from the administration of the above medication to my child, or from self-administration when authorized by the physician and myself.

Permission and Physician orders are effective for the school year for which it is granted and must be renewed for each subsequent school year.

Parent/Guardian signature \_\_\_\_\_

Print name \_\_\_\_\_

Phone number \_\_\_\_\_ Alternate Phone number \_\_\_\_\_

Date \_\_\_\_\_