

WEST MILFORD TOWNSHIP PUBLIC SCHOOLS (WMTPS)

MEDICATION FORM FOR ALLERGIC REACTION - complete both pages

This form must be completed by a PHYSICIAN/ADVANCED PRACTICE NURSE AND PARENT **ANNUALLY** for any student requiring Epinephrine while in school or at a school-sponsored event.

Student's Name: _____ DOB: _____ Grade: _____ School Year _____

ALLERGY TO: _____ Weight _____

Asthma Yes* () No () *Higher risk for severe reaction

Location of epinephrine (check all that apply): _____ with student _____ with nurse _____ other

SECTION 1 – SIGNS OF AN ALLERGIC REACTION

Give Checked Medication

Systems:	If allergen has been ingested or student stung by an insect (if order is for insect sting allergy) but no symptoms give:	()Epinephrine	()Antihistamine
Mouth	itching and swelling of the lips, tongue or mouth	()Epinephrine	()Antihistamine
Skin	hives, itchy rash, and/or swelling about face or extremities	()Epinephrine	()Antihistamine
Gut	nausea, abdominal cramps, vomiting and/or diarrhea	()Epinephrine	()Antihistamine
Throat †	itching and/or tight, hoarse, hacking cough, trouble breathing	()Epinephrine	()Antihistamine
Lung †	shortness of breath, repetitive coughing, wheezing	()Epinephrine	
Heart †	thready pulse, passing out, pale, blue, faint, dizzy	()Epinephrine	
Other	Feeling something bad is about to happen, anxiety, confusion	()Epinephrine	
Combo	Combination of symptoms from different body areas	()Epinephrine	

† Potentially Life Threatening

Symptoms

(The severity of symptoms can change quickly)

ACTION FOR A MINOR REACTION

- If only symptoms are MINOR rash or MINOR skin itching, give **diphenhydramine** _____mg liquid **OR** tablets. (_____ **tsp. @ 12.5 mg per tsp. /diphenhydramine**)
- Then call emergency contacts on file as provided by the parents/guardians and notify physician's office.

ACTION FOR A MAJOR REACTION

- If symptoms progress, and/or person has cough, hoarseness of voice, tightness of throat, wheezing, and/or Shortness of breath, **immediately** give: _____ Epipen 0.30 mg _____ Epipen Jr. 0.15 mg
 _____ Auvi-Q 0.30 mg _____ Auvi-Q 0.15 mg
 _____ Adrenaclick 0.30 mg _____ Adrenaclick 0.15 mg
- Then call 911 and ask for advanced life support.** Call emergency contacts on file as provided by the parents/guardians and notify physician's office. Student must be transported to the nearest hospital.

IF THERE IS INADEQUATE RESPONSE TO INITIAL EPINEPHRINE INJECTION WITHIN 10 MINUTES, ADMINISTER A SECOND DOSE.

TREATMENT BY A DELEGATE WHEN A NURSE IS NOT PRESENT (Please check one answer):

- ____ Delegate Order- In the absence of the school nurse, the order for antihistamine should be disregarded and Epinephrine may be administered by a trained delegate.
- ____ This student's order should not be delegated.

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

This student is both capable and responsible for self-administering this epinephrine. _____yes _____no

Physician Signature: _____ **Date:** _____ **Physician Stamp:**

ALLERGIC REACTION/MEDICATION FORM

SECTION II – To be completed by parent/guardian:

My child, _____, a student in the West Milford Township Public School System, has a potentially life-threatening allergy that could result in anaphylaxis. This student requires emergency administration of epinephrine via a pre-filled, auto-injector mechanism containing epinephrine in the event of anaphylaxis.

My child has my permission, in accordance with P.L. 2007, c 57, to carry and self administer the prescribed medication.
() Yes () No

In order to keep my child safe at school or at a school sponsored event, I consent to the following for the **20____/20____ school year. Please read and check all of the following:**

- € Medication(s) will be sent to school to be kept in the Health Office.
 - € I will assure that the medication is in its original prescription container.
 - € I will note the expiration date of the medication and promptly replace any expired medication.
 - € When applicable to MD order, I will remind my child to have the medication with them at all times. If an antihistamine is prescribed to be given along with epinephrine for anaphylaxis, a single, pre-measured dose of antihistamine (in the original, labeled container) is to be kept with the student along with the epinephrine.
 - € 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 in relation to this medical issue.
 - € I give permission for the school nurse to share this medical information with members of the WMTPS staff who have direct responsibility for my child in school or at a school sponsored event.
 - € I understand that the WMTPS 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. We, the parents or guardians, indemnify and hold harmless the WMTPS district and its employees or agents against any claims arising out of the administration or self-administration of medication by the pupil. 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.
- If Health Care Provider has given orders for a delegate:**
- € I give permission for any WMTPS employee or agent (who is a trained delegate pursuant to P.L. 2007, c 57) to administer epinephrine to my child in the absence of the School Nurse (school delegate list changes each year, and will be available upon request from your Certified School Nurse). This is ordered by my child's Health Care Provider on the front of this form.

Parent/Guardian's Name

Parent/Guardian's Name

Parent/Guardian's Signature

Parent/Guardian's Signature

Date

Emergency Contacts – Name/Relationship/Phone Numbers

1. _____ (H) _____ (C) _____ (W) _____

2. _____ (H) _____ (C) _____ (W) _____

3. _____ (H) _____ (C) _____ (W) _____