

Saint John Vianney High School

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PHYSICIAN'S ORDERS FOR ALLERGY EMERGENCY TREATMENT

Student's name _____ Birth date _____ Grade _____

The above student is allergic to: _____

Previous episode of anaphylaxis Yes No

MEDICATIONS

ANTIHISTAMINE: Name _____ Dose _____

Give antihistamine for the following checked symptoms:

- Contact with allergen, but no symptoms
- Skin – hives, itchy rash, extremity swelling
- Lips – itching, tingling, burning, or swelling of lips
- Head/neck – swelling of tongue, mouth, or throat, hoarseness, hacking cough, tightening of throat
- Gut – abdominal cramps, nausea, vomiting, diarrhea
- Lungs – repetitive cough, wheezing, shortness of breath
- Heart – thready pulse, low blood pressure, fainting, pale or bluish skin
- Other _____

EPINEPHRINE: EpiPen EpiPen Jr. Other _____

Give Epinephrine for the following checked symptoms:

- Contact with allergen, but no symptoms
- Skin – hives, itchy rash, extremity swelling
- Lips – itching, tingling, burning, or swelling of lips
- Head/neck – swelling of tongue, mouth, or throat, hoarseness, hacking cough, tightening of throat
- Gut – abdominal cramps, nausea, vomiting, diarrhea
- Lungs – repetitive cough, wheezing, shortness of breath
- Heart – thready pulse, low blood pressure, fainting, pale or bluish skin
- Other _____

Choose one administration order:

Give Antihistamine only Give epinephrine only *Delegate will be assigned

Give Antihistamine & Epinephrine at same time *Delegate will be assigned

Give Antihistamine first, observe for further symptoms and give epinephrine PRN

***Please note- in the absence of a school nurse, a trained delegate will give epinephrine and any antihistamine order will be disregarded**

 This student has been trained and is capable of self-administration of the following medication(s) named above. Epinephrine – single dose unit Epinephrine & antihistamine – single dose units

*Under NJ state law, orders for antihistamine alone cannot be self administered

This student is not capable of self-administration of the medications named above.

Physician's signature _____

Phone number _____

Date _____

Stamp _____

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Parents/Guardians

A current single dose Epinephrine auto-injector must be provided to the school for your child's use. All Antihistamines and Epinephrine must be brought to school by an adult and be provided in the original container.

Parents, Select ONLY ONE (1) OR TWO (2) to sign and date:

(1) May Self-Administer

I verify that my child _____ has a potentially life threatening illness and has been instructed in self-administration of the prescribed medication in a life threatening situation. I hereby give permission for my child to self-administer prescribed medication. I further acknowledge that _____ School shall incur no liability as a result of any injury arising from the self-administration of medication by my child. If procedures specified by NJ law and School policy are followed, I shall indemnify and hold harmless the School and its employees or agents against any claims arising out of self administration of medication by my child.

Signature of Parent/Guardian

Date

OR

(2) May Not Self-Administer

I verify that my child _____ has a potentially life threatening illness and is unable to self-administer the prescribed medication in a life threatening situation. I hereby request the school nurse or delegate (if applicable) to administer the prescribed medication to my child. I further acknowledge that the School shall incur no liability as a result of any injury arising from administration of the medication to my child. If procedures specified by NJ law and School Policy are followed, I shall indemnify and hold harmless the School and its employees or agents against any claims arising out of administration of medication to my child.

Signature of Parent/Guardian

Date

Please sign below:

I understand that under NJ state law (P.L.1997,c368(c.18a:40-12.5)), a trained delegate will be assigned to administer epinephrine to my child in the absence of a school nurse. In the absence of a school nurse, any antihistamine order will be disregarded and epinephrine will be administered by a trained delegate. The Trained Delegates are:

- 1. Katherine Little ARE
- 2. Gabrielle Tantillo
- 3. Cheyenne Bennett
- 4. _____

Parent Signature

Date

ASSUMPTION OF RISK, WAIVER, AND RELEASE OF LIABILITY

I _____, the parent/legal guardian of _____ (“the Minor Student”) do hereby acknowledge and agree to the following with regard to the activities listed below:

1. Authority. The undersigned represents and agrees that he/she is the parent or legal guardian of the Minor Student; that he/she has full legal authority to act on behalf of the Minor Student; and that he/she agrees to assume the risk(s) of the Minor Student’s attendance at activities at, with, or on behalf of, St. John Vianney High School (“SJV”) and its employees, agents, and/or volunteers, including but not limited to activities involving food.
2. Assumption of Risk. The undersigned knowingly and freely acknowledges that SJV is not a food allergy-free school, including but not limited to seafood and peanut allergies. Accordingly, the undersigned knowingly and freely assumes all risks associated with food allergies, including but not limited to: cross contamination; mislabeling of food products; the Minor Student choosing the incorrect food product; change of ingredients by a third-party food vendor; misjudgment by the Minor Student or others, or any other risks associated with food allergies. The undersigned knowingly and freely assumes full responsibility for all potential risks associated with food allergies, even if such risks arise from the negligence of SJV, its agents, directors, officers, employees, and/or volunteers, including but not limited to Steven DiMezza, President, The Diocese of Trenton, and, the Most Reverend David M. O’Connell, CM, Bishop of Trenton.
3. Indemnification. The undersigned agrees to indemnify, defend, and hold harmless SJV, its employees, agents, directors, officers, employees, and/or volunteers including but not limited to Steven DiMezza, President, The Diocese of Trenton, and, the Most Reverend David M. O’Connell, CM, Bishop of Trenton (the “Indemnitees”) from and against any and all claims, demands, and causes of action, or possible causes of action, arising out of or related to any loss, damage, or injury that may be sustained by the Minor Student related to any food allergies, known or unknown. Likewise, the undersigned agrees to waive any and all personal claims, demands, and causes of action, or possible causes of action related to any food allergies, known or unknown, against the Indemnitees.
4. **WAIVER AND RELEASE.** **The undersigned, on behalf of himself or herself, and the Minor Student, as well as his/her heirs, assigns, personal representatives and next of kin, HEREBY RELEASES AND HOLDS HARMLESS SJV, its agents, directors, officers, employees, and/or volunteers including but not limited to Steven DiMezza, President, The Diocese of Trenton, and, the Most Reverend David M. O’Connell, CM, Bishop of Trenton (collectively the “Releasees”) WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**
5. Governing Law. If any section, paragraph, clause or provision of this assumption of the risk, waiver of liability and release agreement shall for any reason be held to be invalid or

unenforceable, the invalidity or unenforceability of such section, paragraph, clause or provision shall not affect any of the remaining provisions of this assumption of risk, waiver of liability and release agreement, the intent being that the same are severable. This Agreement shall be construed in accordance with and governed by the laws of the State of New Jersey without regard to conflicts of law principles.

I HAVE READ THIS ASSUMPTION OF RISK, WAIVER, AND RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT ON MY OWN BEHALF AND/OR ON BEHALF OF MINOR STUDENT IDENTIFIED BELOW, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

MINOR STUDENT

Name: _____

Name: _____

Date of Birth: _____

Signature: _____

Date: _____

PARENT / LEGAL GUARDIAN: