

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 it's 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 it's 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. Kathleen Katelyn AVE
2. _____
3. _____
4. _____

Parent Signature

Date