

**CALIFON SCHOOL
ALLERGY ACTION PLAN**

SCHOOL YEAR _____

Student's Name _____

Date of Birth _____

Weight _____

Picture _____

MEDICAL PRACTITIONER PLEASE NOTE: Do not leave any blank spaces. This form will be returned to you and may cause a delay in the administration of your patient's medication or treatment.

ALLERGY TO: _____

Does this student have asthma? **Yes*** **No** *Higher risk for severe reaction

This student may carry their medication with them at all times so that it is available when and where it is needed. **Yes** **No**

Treatment by Nurse When Present

Symptoms:	Give checked medication:
If a food allergen has been ingested, or student was stung by a bee but no symptoms	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Epinephrine
■ Mouth Itching, tingling, or swelling of lips, tongue or mouth	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Epinephrine
■ Skin Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Epinephrine
■ Gut Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Epinephrine
■ Throat Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Epinephrine
■ Lungs Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Epinephrine
■ Heart Weak or thready pulse, low blood pressure, fainting, pale, cyanosis	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Epinephrine
■ Other list _____	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Epinephrine
■ If reaction is progressing (several of the above affected), give _____	<input type="checkbox"/> Antihistamine <input type="checkbox"/> Epinephrine

Potentially life threatening. The severity of symptoms can quickly change.

Choose only one administration order:

Give Antihistamine & Epinephrine at same time

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

Dosage:

Epinephrine: inject intramuscularly (circle one)

Epi-Pen®

Epi-Pen Jr.®

Antihistamine: give _____

Medication/dose/route

Other: give _____

Medication/dose/route

9-1-1 will be activated when: _____

Treatment by Delegate (When Nurse Not Present)

NJ State Law requires that the school nurse designate additional employees of the school district who volunteer to administer epinephrine to a pupil for anaphylaxis when the nurse is not physically present at the scene.

Delegate Order:

For **suspected** allergen exposure, delegates are to immediately administer epinephrine (circle one): **Epi-Pen®** **Epi-Pen Jr.®**

9-1-1 WILL BE ACTIVATED AND THIS STUDENT WILL BE TRANSPORTED IMMEDIATELY AFTER SUSPECTED ALLERGEN EXPOSURE TO THE HOSPITAL EMERGENCY ROOM BY AMBULANCE.

Treatment by Student (Self-Administration)

NJ State Law allows for the self-administration of medication by a student with a potentially life-threatening illness or a life threatening allergic reaction provided proper procedures are followed.

This student may self-administer the prescribed medication(s) (epinephrine and antihistamine). **Yes** **No**

(If yes, complete the questions below. To have permission to self-administer, all questions listed below must be checked "yes".)

I certify that this student is capable of and has been instructed in the proper administration of this necessary medication. **Yes** **No**

This student is aware that he/she must immediately report to the school nurse or teacher if he/she has a suspected exposure to allergen, any signs of allergic reaction, or has used the above-prescribed medication(s). **Yes** **No**

--over--

Self-Administration Dosage:

Epinephrine: student should inject immediately (circle one)

Epi-Pen®

Epi-Pen Jr.®

Antihistamine: student should take immediately _____

Medication/dose/route

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

9-1-1 WILL BE ACTIVATED AND THIS STUDENT WILL BE TRANSPORTED IMMEDIATELY AFTER SUSPECTED ALLERGEN EXPOSURE TO THE HOSPITAL EMERGENCY ROOM BY AMBULANCE.

◆ Medical Practitioner's Stamp _____

◆ Medical Practitioner's Signature (MD, DO or Advanced Practice Nurse) _____

Date _____

TO BE COMPLETED BY THE PARENT

I agree with my medical practitioner's instructions and give permission to the school nurse to share necessary information concerning my child's allergy with school personnel on a need- to- know basis only. Yes No

By also signing this acknowledgement I, the parent/guardian, authorize the school nurse to assist my child in taking the above named medication(s). I agree that I will not hold liable the school district or school nurse who is directed by me to assist my child in taking the above named medication(s).

◆ Parent/Guardian Signature _____

Date _____

PARENT ACKNOWLEDGEMENT AND AUTHORIZATION IF STUDENT IS SELF ADMINISTERING

I/we the parents/guardians, of the above named student certify that he/she is capable of and has been instructed in the proper administration of the above named medication and authorize the above named student to self-administer the medication as identified above.

By also signing this acknowledgement, I/we understand that the Lebanon Township Board of Education, its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by this pupil, and that we hereby indemnify and hold harmless the Board, its employees or agents against any claims arising out of the self-administration of said medication by this pupil.

◆ Parent/Guardian Signature _____

Date _____

STUDENT ACKNOWLEDGEMENT AND AUTHORIZATION IF SELF ADMINISTERING

I, the above named student, acknowledge that I am capable of and have been instructed in the proper administration of the above named medication(s). I am also aware that I must immediately report to the school nurse or teacher if I suspect an allergen exposure, any signs of allergic reaction, or have used the above-prescribed medication(s).

◆ Student's Signature _____

Date _____