

PHYSICIAN'S ORDERS FOR EMERGENCY ALLERGY TREATMENT

(To be completed ONLY for students with potentially life threatening allergies that require an Epi-pen.)

Student's Name _____

Date of Birth _____ Grade _____ Gender _____

The above student is allergic to _____

Previous episode of anaphylaxis Yes No

PLEASE
ATTACH
RECENT
PHOTO

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: _____ Epi-Pen _____ Epi-Pen 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 and 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 and 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 _____ Stamp _____

Date _____ Phone _____



School Year _____

PARENT/GUARDIAN CONSENT FOR EMERGENCY ALLERGY TREATMENT

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

Select one to sign and date:

1. 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 Chapin 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 Chapin School are followed, I shall indemnify and hold harmless Chapin School and it's employees or agents against any claims arising out of self-administration of medication by my child.

Parent/Guardian Signature _____ Date _____

2. 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 Chapin 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 Chapin School Policy are followed, I shall indemnify and hold harmless Chapin School and it's employees or agents against any claims arising out of administration of medication to my child.

Parent/Guardian Signature _____ Date _____

Please sign.

I understand that under NJ state law, a trained delegate will be assigned to administer epinephrine to my child in **the absence of a school nurse**. Antihistamines may not be given by a delegate. In the absence of a school nurse, any antihistamine order will be disregarded and Epinephrine will be administered by a trained delegate.

I also understand that I am responsible for notifying the school when my child will be participating in activities after school hours so that a delegate can be present.

Parent/Guardian Signature _____ Date _____