

Y.A.L.E. SCHOOLS
Administration of Epinephrine/Diphehydramine for Life Threatening Allergic Reaction

Student's Name _____

Emergency contact: Parent/Guardian
 Name/Relationship _____

Home Phone _____

Work Phone _____

Cell Phone _____

Is an Epinephrine Auto-Injector required? YES/ NO Does this child carry an Epinephrine Auto-Injector? YES/NO

Allergen	Symptoms of allergic reaction student has experienced to allergen.

TO BE COMPLETED BY PHYSICIAN'S OFFICE

HISTORY OF ANAPHYLAXIS IS: Actual _____ Potential _____
 ALLERGY WHEN: *CIRCLE ALL THAT APPLY* EXPOSURE INGESTION STUNG BY

Does the child have Asthma? YES NO *Increased risk for severe reaction

In the event of an allergic reaction, the school nurse should proceed as follows:

1. If the following symptoms occur:

<input type="checkbox"/> SKIN: hives, itchy rash, extremity swelling	<input type="checkbox"/> THROAT: Itchy, scratchy
<input type="checkbox"/> LIPS: Itching, tingling, burning or swelling	<input type="checkbox"/> EYES: Itchy, scratchy, teary

 - a. Administer diphenhydramine _____ mg by mouth.
Oral diphenhydramine may be given only by nurse or parent.
 - b. Observe closely for additional symptoms for the next 6 hours; notify parent/guardian.

2. If the child develops any signs of severe reaction of anaphylaxis, **immediately**
 - a. Inject **Epinephrine IM:** Dose .15mg .30mg
 - b. This dose of IM Epinephrine may be repeated in 15 minutes if symptoms reoccur.
 - c. Give the above dose of diphenhydramine by mouth.
 - d. Call 911 and notify parents/guardian.

In the event of an allergic reaction when the school nurse is unavailable.

- Able to self-medicate:** This student is able to self-medicate when the school nurse is not available. The student is allowed to self-administer a premeasured dose of diphenhydramine and/or the Epinephrine Auto-Injector.
- Unable to self medicate:** At this time, this student is not able to self-administer diphenhydramine and/or the Epinephrine Auto-Injector. As per NJ State law, a trained delegate will administer the Epinephrine Auto-Injector in the event of an anaphylactic emergency.

 Physician/APN Signature

 Date

As the parent/guardian, I shall indemnify and hold harmless Y.A.L.E. School and its employees for any injury arising of a single, prefilled auto injector of epinephrine to my child. I agree with the plan as developed by my child's physician, and will provide the prescribed medication.

I give my permission for a trained delegate to administer a single dose of Epinephrine (Epinephrine Auto-injector) and call 911.

I understand that the delegate is not permitted by NJ State law to administer Diphenhydramine.

 Parent/Guardian signature

 Date