

**ADMINISTRATION OF EPINEPHRINE FOR LIFE THREATENING ALLERGIC REACTION**

Student's Name \_\_\_\_\_ Teacher \_\_\_\_\_

**Emergency contact: Parent/Guardian**

Name/Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is an EPI-PEN Required? YES NO Does this child carry an EPI-Pen? YES NO

ALLERGY TO: \_\_\_\_\_

**List the symptoms of allergic reaction that the student has experienced to the known 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 Does the child carry an inhaler? YES NO

**Please check off appropriate symptoms**

- Skin: 'hives' (red blotches or welts which itch); severe swelling
- Lungs: Shortness of breath, rapid breathing, cough wheeze
- GI: Repeated vomiting, nausea, abdominal pain (diarrhea later)
- Throat: tightness, trouble speaking and trouble breathing
- Cardiac: Weak pulse, loss of consciousness
- Brain: anxiety, agitation or loss of consciousness

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

1. If the child develops on hives (only skin problems) give antihistamine.
  - a. Administer **Benadryl** \_\_\_\_\_ mg by mouth.  
**Oral antihistamine 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 recur.
  - c. Give the above dose of Benadryl by mouth
  - d. Call 911 and notify parents/guardian
3. If wheezing occurs treat with \_\_\_\_\_

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

- Able to self-medicate:** this student is able self-medicate when the school nurse is not available. The student is allowed to administer a premeasured dose of an antihistamine simultaneously with the epi-pen for administration.
- Unable to self-medicate:** This child is not able to self-medicate at this time. In the event of an anaphylactic reaction when the nurse is not available. I give my permission for a trained delegate to administer a single dose of Epinephrine and call 911.

**I understand that the delegate is not permitted by NJ State law to give antihistamines.**

\_\_\_\_\_  
**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 from the administration 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 medications. This plan is effective when the student is under Y.A.L.E. supervision.

\_\_\_\_\_  
**Parent Signature** **Date**