NORTH HUNTERDON-	VOORHEES	HIGH SCHOOL	CCHOOL	VEAD 20	TO 20
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MEDICATION FORM FOR ALLERGIC REACTION-complete both sides This form must be completed by a PHYSICIAN/ADVANCED PRACTICE NURSE AND PARENT ANNUALLY for any student requiring Epinephrine while in school or at a school-sponsored event. DOB: Grade: Student's Name: ALLERGY TO: Yes*() No() *Higher risk for severe reaction Asthmatic Location of epinephrine(check all that apply): with student with nurse other <u>SECTION I-TREATMENT</u> – <u>To be completed by the physician/advanced practice nurse:</u> Symptoms (The severity of symptoms can quickly change!) **Give Checked Medication** If food allergen has been ingested or student has been stung by an insect (if order is for insect sting allergy), but no symptoms () Epinephrine () Antihistamine Itching, tingling, or swelling of lips, tongue, mouth () Epinephrine Mouth () Antihistamine Hives, itchy rash, swelling on face or extremities Skin () Epinephrine () Antihistamine Nausea, abdominal cramps, vomiting, diarrhea Gut () Epinephrine () Antihistamine Panic, sudden fatigue, chills, fear of impending doom General () Epinephrine () Antihistamine Tightening of throat, hoarseness, hacking cough Throat † () Epinephrine () Antihistamine Shortness of breath, repetitive coughing, wheezing Lung † () Epinephrine () Antihistamine Thready pulse, passing out, fainting, pale, blueness Heart † () Epinephrine () Antihistamine If reaction is progressing (several of the above areas affected) () Epinephrine () Antihistamine † Potentially Life Threatening DOSAGE Epinephrine: Inject intramuscularly (circle one): EpiPen (0.3 mg) EpiPen Jr. (0.15 mg) Auvi-Q (0.3 mg) Auvi-Q Jr. (0.15 mg) Epinephrine may be repeated in _____minutes Antihistamine: give_____ Medication/dose/route

Other: Medication/dose/route

CALL 911- state "a student had a severe allergic reaction, and additional epinephrine may be needed! Please send paramedics". Student must be transported to the nearest hospital. Then call parents.

TREATMENT BY A DELEGATE WHEN A NURSE IS NOT PRESENT (Please check one answer):

P.L. 2007, c 57 directs that the school nurse shall designate additional employees of the school district who volunteer to administer epinephrine to a student who has anaphylaxis when a nurse is not physically present at the scene.

Delegate Order- For suspected exposure to allergen(s) listed above, delegates are to immediately administer prescribed auto-inject epinephrine. (Note: Delegates will not be able to administer an antihistamine as the first treatment)

This student's order should not be delegated

TREATMENT BY STUDENT (SELF-ADMINISTRATION) (Please check all that apply):

- P. L. 2007, c 57 directs that a student may be permitted to self-administer medications for potentially life threatening illness provided proper procedures are followed. This student has a potentially life-threatening allergy and will carry epinephrine at all times in school or when attending a school sponsored event
- This student understands, has been instructed, and is capable of the proper technique of self administration of the prescribed medication(s)
- This student is aware that he/she must report any suspected exposure to allergen, any signs of allergic reaction, and any use of prescribed medication to an adult immediately

Physician Signature:	Date:	Physician Stamp:
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ALLERGIC REACTION / MEDICATION FORM

SECTION II- To be completed by parent/guardian:

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My child,could result in anaphylaxis. This studdose auto-injector mechanism contain accordance with P. L. 2007, c 57, to c	ning epinephrine in	the event of anaphylax	is and has my permission, in
In order to keep my child safe at scho 20/20 school year:	ol or a school spor	nsored event, I consent t	o the following for the
 I will be responsible for noting Extra medication will be sent apprescribed medication to school I give permission for my child I give permission for the releathealth care provider concerning I give permission for the school staff who have direct responsing I understand that the NHVRH injury arising from the adminitude parents or guardians, inder against any claims arising out 	onsibility to ensure g expiration date as to school to be kep ol. I to receive medicalse and exchange on my child's healt ol nurse to share the bility for my child S district and its ensure the stration or self-adminify and hold har of the administration of the a	e that the student has the and replacing expired me of in the Health Office in tion at school as prescrift information between the and medications. The school or at a school in school or at a school in school or at a school mployees or agents shall ministration of medication makes the NHVRHS diston or self-administration dance with the requiremnt from actions perform	bed by my child's physician. he school nurse and my child's with members of the NHVRHS sponsored event. I incur no liability as a result of any on by the pupil and/or staff, and we strict and its employees or agents n of medication by the pupil and/o ment of P.L. 2007, c 57 shall be need pursuant to that section.
Parent/Guardian's Name		Parent/Guardian's N	Name
Parent/Guardian's Signature		Parent/Guardian's S	Signature
Date			
Emergency contacts – Name/Relation	ıship (List parent/g	uardians first) – Teleph	one numbers
1	(H)	(C)	(W)
2	(H)	(C)	(W)

3. ______ (H) _____ (C) _____ (W) _____

NORTH HUNTERDON -VOORHEES REGIONAL HIGH SCHOOL DISTRICT

Student Name:	_ Date of Birth:			
Designation of Administration of Epinephrine				
The certified school nurse may designate, in consultation with the building Administrator, another employee of the district, to administer a pre-filled single dose auto injector mechanism containing epinephrine when the school nurse is not physically present at the scene. The employee(s) will be trained using the "Training Protocols for the implementation of Emergency Administration of Epinephrine" issued by the New Jersey Department of Education.				
Delegates are assigned according to activity-sports and trips.				
(PLEASE CHECK ONE ANSWER)				
I give consent for a trained employee(s) of VHS to administer Epinephrine in the event the school nurse is not present at the scene. I understand that the District and its employees or agents shall incur no liability as a result of injury arising from the administration of a pre-filled single dose auto-injector mechanism containing Epinephrine, and that I indemnify and hold harmless the District and its employees or agents against any claims from the administration of a pre-filled single dose injector mechanism containing Epinephrine.				
I do NOT consent for an employee or agent to be designated as an Epinephrine delegate for my child.				
Parent/Guardian Signature	Date			
Student Signature	Date			