

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