

Y.A.L.E. SCHOOLS
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

<input type="checkbox"/> Skin: 'hives" (red blotches or welts which itch); severe swelling	<input type="checkbox"/> Throat: tightness, trouble speaking and trouble breathing
<input type="checkbox"/> Lungs: Shortness of breath, rapid breathing, cough wheeze	<input type="checkbox"/> Cardiac: Weak pulse, loss of consciousness
<input type="checkbox"/> GI: Repeated vomiting, nausea, abdominal pain (diarrhea later)	<input type="checkbox"/> 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-administer:** 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

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