

RAMAPO INDIAN HILLS REGIONAL HIGH SCHOOL DISTRICT PHYSICIAN'S ORDERS FOR ALLERGY EMERGENCY TREATMENT

Student's name _____ Birth date _____ Grade _____

The above student is allergic to: _____

Previous episode of anaphylaxis: Yes No If yes, sign/symptom _____

Epinephrine or Generic: Self Carry In the Nurse's office Exp date: _____

MILD SYMPTOMS

CONTACT- with allergen, but no symptoms

NOSE- itchy or runny nose, sneezing

MOUTH- itchy mouth

SKIN- a few hives, mild itch

GUT- mild nausea or discomfort

OTHER- _____

For **MILD SYMPTOMS FROM A SINGLE SYMPTOMS AREA**, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person.
3. Watch closely for changes. If symptoms worsen give epinephrine.

***Delegates cannot administer antihistamine, in the absence of a school nurse, a trained delegate will give epinephrine only and any antihistamine order will be disregarded.**

ANTIHISTAMINE _____ Dose _____

SEVERE SYMPTOMS

CONTACT- with allergen, but no symptoms

LUNG- shortness of breath, sneezing, repetitive cough

HEART- pale or bluish skin, faintness, weak pulse, dizziness

THROAT- tight or hoarse throat, trouble breathing or swallowing

MOUTH- significant swelling of the tongue or lips

SKIN- many hives over body, widespread redness

GUT- repetitive vomiting severe diarrhea

OTHER- feeling something bad is about to happen, anxiety, confusion OR _____

For **SEVERE** symptoms from **ANY** of the following symptoms or **A COMBINATION** of symptoms from different body areas

EPINEPHRINE AUTO-INJECTOR _____ Dose _____

=====

This student has been trained and is capable of self-administration of the following medications(s) named above.

Epinephrine auto-injector

Epinephrine auto-injector & antihistamine

This student is **NOT** capable of self-administration of the medicine

Physician stamp:

Physician/HCP authorization signature _____ Date _____

RAMAPO INDIAN HILLS REGIONAL HIGH SCHOOL DISTRICT PHYSICIAN'S ORDERS FOR ALLERGY EMERGENCY TREATMENT

Parents/guardians

- **It is the responsibility of the parent/guardian to provide a current pre-filled, single dose auto injector mechanism containing epinephrine; prescribed and labeled for your child**
- **The parent/guardian is responsible for replacing the prefilled, single dose auto injector mechanism containing epinephrine when it has expired and /or has been used**
- **Orders must be renewed yearly and provided to the school on or prior to the first day of classes**

Select one-

1. I verify that my child _____ has a potentially life threatening illness and is **unable to self-administer** the prescribed medication in a life threatening situation. I hereby request the school nurse or delegate (if applicable) to administer the prescribed medication to the my child. I further acknowledge that the Ramapo/Indian Hills School District shall incur no liability as a result of any injury arising from administration of the medication to my child. If procedures specified by NJ law and Ramapo/Indian Hills School District are followed, I shall indemnify and hold harmless the Ramapo/Indian Hills School District and it's employees or agents against any claims arising out of administration of medication to my child.

_____ Date _____

Signature of Parent/Guardian

2. I verify that my child _____ has a potentially life threatening illness and has been instructed in self administration of the prescribed medication in a life threatening situation. **I hereby give permission for my child to self-administer** prescribed medication. I further acknowledge that the Ramapo/Indian Hills School District shall incur no liability as a result of any injury arising from the self-administration of medication by my child. If procedures specified by NJ law and Ramapo/Indian Hills policy are followed, I shall indemnify and hold harmless the Ramapo/Indian Hills School District and it's employees or agents against any claims arising out of self-administration of medication by my child.

_____ Date _____

Signature of Parent/Guardian