MORRIS HILLS REGIONAL DISTRICT
EMERGENCY HEALTH CARE PLAN
FOR ALLERGIC REACTIONS
2023-2024 Academic Year

Contact Information to be completed by parent/guardian

Student Name _____ DOB_____ Grade_____

Emergency Contacts:
First Contact Last:_____ First:_____ Relationship:_____

Home#_____ Work#_____ Cell#_____

Second Contact Last:_____ First:_____ Relationship:_____

Home#_____ Work#_____ Cell#_____

Allergy To _____ **Asthmatic** Yes ☐ No ☐ Inhaler_____

IF EXPOSED TO AN ALLERGEN: TO BE COMPLETED BY PHYSICIAN/ADVANCED PRACTICE NURSE

Has student received epinephrine for anaphylaxis (date) _____	___yes	___no
Has the student been tested?	___yes	___no
Has student undergone insect sting desensitization?	___yes	___no
Does student have medic alert bracelet?	___yes	___no

Symptoms:		**Give Checked Medication**	
• If a food allergen has been ingested, but no symptoms:		☐ Epinephrine	☐ Antihistamine
• Mouth	Itching, tingling, or swelling of lips, tongue, mouth	☐ Epinephrine	☐ Antihistamine
• Skin	Hives, itchy rash, swelling of the face or extremities	☐ Epinephrine	☐ Antihistamine
• Gut	Nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine	☐ Antihistamine
• Throat	Tightening of throat, hoarseness, hacking cough	☐ Epinephrine	☐ Antihistamine
• Lung	Shortness of breath, repetitive coughing, wheezing	☐ Epinephrine	☐ Antihistamine
• Heart	Weak or thready pulse, low BP, fainting, pale, blueness	☐ Epinephrine	☐ Antihistamine
• Other	_____	☐ Epinephrine	☐ Antihistamine
• If reaction is progressing (several of the above areas affected), give:		☐ Epinephrine	☐ Antihistamine

Please note-in the absence of a school nurse, a trained delegate will give epinephrine only.

Dosage:
Epinephrine: inject intramuscularly (circle one) EpiPen JR 0.15mg EpiPen 0.3mg Twinject 0.3mg

Twinject 0.15mg Auvi-Q 0.3mg

Epinephrine may be repeated in _____ minutes. (by RN only)

Antihistamine: (given concomitant/Epinephrine) _____ (by RN or self-medication only)

Emergency Procedure

1. Administer epinephrine via auto injector mechanism
2. Call 911 and state that a student has an allergic/anaphylactic reaction and request that paramedics transport the student to the nearest hospital.
3. Notify parents/guardians.

Student Education

I certify that the student has been instructed on purpose and how to self administer this medication with assistance if necessary. In the event the student is exposed at school or a school sponsored event to the allergen the School Nurse or designee will administer the medication

Physician Signature_____ **Date:** _____

Stamp or name, address and phone printed:

_____

_____

SECTION I – TO BE COMPLETED BY PARENT/GUARDIAN

A. Parent Authorization (to be completed for all students).

I hereby give permission for my child to receive emergency epinephrine medication at school as prescribed above. I also give permission for the release and exchange of information between the school nurses and my child's health care provider concerning my child's health and medication. In addition, I understand that this information will be shared with school staff on a need to know basis**.**

_____ _____

Date Parent/Guardian Signature

B. Parent authorization for the administration of epinephrine by delegates.

I give consent for the administration of epinephrine via a pre-filled auto-injector mechanism by the district delegates trained by the certified school nurse to administer epinephrine in the event that the school nurse is not present at the scene. I understand that the district and its employees shall have no liability as a result of any injury arising from the administration of epinephrine to my child and that the parents and guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of epinephrine to a student via a pre-filled auto-injector mechanism. **In addition, I will notify the school at least 24hrs in advance if my child is going to attend a school sponsored event (please refer to handbook). In the event this does not occur I understand that a delegate may not be present to administer emergency epinephrine if necessary.**

_____ _____

Date Parent/Guardian Signature

C. Parent Authorization

1. I understand my child has been instructed on how to self-administer medication as prescribed. I consider him/her to be responsible and capable of self-administration of medication but in the event my child is exposed at school or a school sponsored event to the allergen the School Nurse or designee will assist and/or administer the medication. Medication must be kept in its original prescription container.

2. I understand my child is to keep the medication for administration with him/her at all times. For an antihistamine prescribed to be given along with epinephrine for anaphylaxis, a single pre-measured dose of antihistamine, in its original labeled container, is to be kept with the student, along with epinephrine, at all times.

3. I understand that the district and its employees or agent shall incur no liability as a result of any injury arising from the self-administration by the student of the medication prescribed on this form and that I indemnify and hold harmless the district and its employees or agent against any claims arising out of the self-administration of medication by the student.

_____ _____

Date Parent/Guardian Signature

SECTION 111 – TO BE COMPLETED BY STUDENT AND PARENT

A. Student Education on Self-Administration.

I understand and I will use this medication as directed by my physician. I will be responsible in carrying and using this medication as described while in school, on field trips and at school sponsored events. I have been instructed on how to self-administer this medication and understand the side effects of improper use.

_____ _____ _____

Date Student Signature Parent/Guardian Signature

B. Student Agreement for Delegate.

I understand that I will be assigned a delegate at school sponsored events. If I come into contact with an allergen I will notify an adult/delegate immediately who will assist and/or administer the medication.

_____ _____ _____

Date Student Signature Parent/Guardian Signature