



**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: **Yes (higher risk for a severe reaction)** **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR **ANY** OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Short of breath,
wheezing,
repetitive cough



HEART

Pale, blue,
faint, weak
pulse, dizzy



THROAT

Tight, hoarse,
trouble
breathing/
swallowing



MOUTH

Significant
swelling of the
tongue and/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 A
COMBINATION**
of symptoms
from different
body areas.



- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy/runny
nose,
sneezing



MOUTH

Itchy mouth



SKIN

A few hives,
mild itch



GUT

Mild nausea/
discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.**

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

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

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.15 mg IM 0.3 mg IM

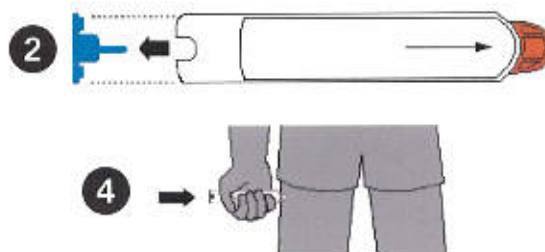
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



ADRENACLICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

MARLBORO TOWNSHIP BOARD OF EDUCATION
1980 TOWNSHIP DRIVE
MARLBORO, NEW JERSEY 07746-2298

SELF-ADMINISTRATION OF INHALER OR EPI-PEN
WAIVER OF LIABILITY

I/We, parents of _____, in our personal capacities and as the parents and natural guardians of said child request that the Marlboro Township School District permit our child to carry and use an inhaler or epi-pen while on school property or while off school property at an approved school event. I/We agree to comply with the regulations of the school district and in consideration of the privilege extended to us and our child, we hereby agree to release, indemnify and hold harmless the Board of Education of the Marlboro Township School District and its officers, employees and servants from and against any and all losses, claims, damages or expenses arising from our growing out of the acceptance by the Board, its officers, employees and servants shall incur no liability as a result of any injury arising from the self-administration of the inhaler or epi-pen by our child.

I/We also agree to provide an additional inhaler or epi-pen identical to the one which the pupil is authorized to carry, which shall be retained by the school nurse in accordance with school policy.

Parent/Guardian Signature

Date

****PERMISSION TO SELF-ADMINISTER MUST BE RENEWED EACH YEAR.****
THIS DOCUMENT MUST BE EXECUTED NO EARLIER THAN JULY 1, OF THE INCOMING SCHOOL YEAR.

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**EPI-PEN ADMINISTRATION BY DESIGNEE
WAIVER OF LIABILITY**

Please be advised that the Marlboro Township Board of Education has adopted a policy governing the emergency administration of epinephrine via a single dose auto-injector mechanism containing epinephrine to a pupil for anaphylaxis. The administration of epinephrine may be performed by the school nurse or by a person designated by the school nurse in consultation with the Board of Education, in the absence of the school nurse. The policy and regulations set forth specific conditions under which administration of a single dose auto-injector mechanism containing epinephrine may be permitted by a designee for anaphylactic reaction. These conditions are as follows:

- A licensed physician must provide written authorization for the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine.
- The physician must also certify that the pupil requires the administration of epinephrine for anaphylaxis.
- A current pre-filled, single dose auto-injector mechanism containing epinephrine, as provided by the parent, must be retained in the Nurse's office.
- If the procedures specified in the policy and regulations are followed the district shall have no liability as a result of any injury arising from the administration. You must sign the Waiver of Liability below to acknowledge that you have been informed and understand this condition.

WAIVER OF LIABILITY

I/We, parents/guardians of _____, in our personal capacities and as the parents/guardians of said child request that the Marlboro School District permit the school nurse, or in the absence of the nurse, a designee, to administer epinephrine via a single dose auto-injector mechanism containing epinephrine in emergency situations to our child while on school property or off school property at an approved school event. I/We agree to comply with the regulations of the school district and in consideration of the privilege extended to us and our child, we agree to release, indemnify and hold harmless the Board of Education of the Marlboro Township School District and its officers, employees and servants from and against any and all losses, claims, damages, or expenses arising from or growing out of the acceptance by the Board of the request recited above. I/We acknowledge that if the procedures specified in the Board Policy regarding emergency administration of epinephrine are followed, the board, its officers, employees and servants shall have no liability as a result of any injury arising from the administration of epinephrine to our child.

I/We also agree to provide the school nurse a current pre-filled, single dose auto-injector mechanism containing epinephrine in accordance with school policy.

I/We agree to a designee. I/We do not agree to a designee.

Parent's Signature _____ Date _____

****PERMISSION MUST BE RENEWED EACH YEAR.****

THIS DOCUMENT MUST BE EXECUTED NO EARLIER THAN JULY 1, OF THE INCOMING SCHOOL YEAR.