Allergy Action Plan

Name:_____ **D.O.B.**_____ **Weight**_____

Place student photo here

Allergy to: _____
History of Anaphylaxis? ☐YES ☐No type of reaction_____
Asthma: ☐Yes (higher risk for a severe reaction) ☐No

Extremely reactive to the following:_____
THEREFORE:
☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
☐ If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted

Any SEVERE SYMPTOMS after suspected or known ingestion/exposure:

One or more of the following:
LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing/swallowing
MOUTH: Obstructive swelling (tongue and/or lips)
SKIN: Many hives over body

Or **combination** of symptoms from different body areas:
SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
GUT: Vomiting, crampy pain

1. INJECT EPINEPHRINE IMMEDIATELY
2. Call 911
3. Begin monitoring (see care plan)
4. Give additional medications:*
   -Antihistamine
   -Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.
Delegate may not administer inhaler or antihistamine

MILD SYMPTOMS ONLY:
MOUTH: Itchy mouth
SKIN: A few hives around mouth/face, mild itch
GUT: Mild nausea/discomfort

1. GIVE ANTIHISTAMINE (RN)
2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Monitor student (see care plan)

Medications/Doses

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Auvi-Q 0.3mg Auvi-Q 0.15mg Adrenaclick 0.3mg Adrenaclick 0.15mg
May Repeat x_____ every_____minutes. (In the absence of a school nurse a trained delegate may give Epinephrine. Delegates may not administer antihistamine or asthma medications.)
Antihistamine: Give Diphenhydramine PO ___ 12.5 mg ___25 mg ___50mg _____ Other
Other (inhaler/bronchodilator if asthmatic):_____

TREAT STUDENT EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!
Doctor's Signature_____**Date**_____**Office Stamp**

I hereby request that the school nurse administer the above medication as directed by my physician to my child. I will supply medication in the ORIGINAL CONTAINER and will notify the school nurse promptly of any change in this order. Per policy, two doses of epinephrine are required at school.

Parent/Guardian Signature_____Date_____

(**Parent: please read all attached pages regarding delegation. See School Nurse for Individual Healthcare Plan Review)**

ALLERGY ACTION PLAN
FREEHOLD TOWNSHIP SCHOOLS

STUDENT NAME: _____

DESIGNEES OF SCHOOL NURSE: (Parent/guardian to SIGN ONE of the choices)

- **I choose to have a delegate:** This is to verify that the designees of the school nurse who have been properly trained in the administration of the medication for anaphylaxis have my permission to administer said medication to my child in the absence of a school nurse. Only epinephrine by an auto injector may be given by the delegate/designee.

  DATE: _____ _____
  Signature of Parent/Guardian

- **I choose NOT to have** a designee administer my child's prescribed epinephrine via a prefilled auto injection in the event of an allergic reaction. I am aware this waiver shall not prohibit self-administration (if provided in section below) or administration by the school nurse. I have also received, reviewed and signed the Refusal of Epinephrine Delegate Form on page 3.

  DATE: _____ _____
  Signature of Parent/Guardian

WAIVER OF LIABILITY (waiver must be signed by parent/guardian in order for administration of medication by nurse, designee or self-administration by pupil)

I understand that this request is effective for the school year in which it is granted and must be renewed each subsequent school year.
I acknowledge that the district and its agents shall incur no liability as a result of injury arising from self-administration, delegate and/or nurse administration of medication as prescribed to my child and I hold harmless the Freehold Township School District and its employees or agents against any claims.
For the child who may self-administer, I acknowledge that I may be liable if any other child is injured by the inadvertent use of this medication and recognize that my child will be responsible for having the medication in his/her possession during school and school sponsored events.

DATE: _____ _____
Signature of Parent/Guardian

PHYSICIAN REQUEST FOR SELF ADMINISTRATION: (if applicable)
As primary health care provider of the above-name student, I certify that the student has been instructed in the proper method of self-administration and certify that the child is capable of self-administration and has demonstrated this to my satisfaction.

Name of Medication(s):_____

Date: _____ _____
Physician Stamp: SIGNATURE OF MD/NP

REFUSAL OF EPINEPHRINE DELEGATE

I, _____ _____parent/guardian of _____
waive my right to have a designee available to administer my child's prescribed epinephrine via a prefilled auto injector in the event of a possible life threatening allergic reaction during school sponsored activities and field trips.

I am aware that my signature on this form will not prohibit the school nurse from administering epinephrine and will not prohibit the self-administration of epinephrine, providing I have submitted certification from my child's physician or advanced practice nurse that my child has been instructed in the proper method of self-administration, as set forth in my child's Allergy Action Plan. .

If I am unavailable to accompany my child on a field trip or school sponsored activity, I am aware that I have the right to prohibit my child from attending such events and have the right to keep my child at home.

If I choose to allow my child to attend a field trip or school sponsored activity and the request for self-administration in my child's Allergy Action plan has not been signed, I understand that in the event my child has a possible life threatening allergic reaction, the District and its agent's will contact and activate emergency medical services/ 911.

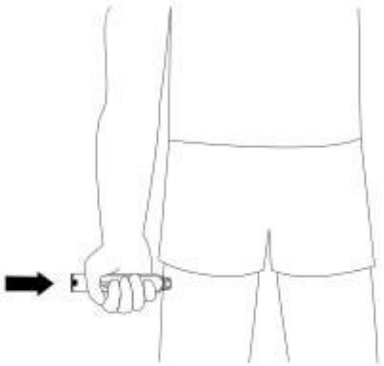
I acknowledge that no school employee, including a school nurse, or any other officer or agent of the Freehold Township Board of Education shall be held liable for any injury or death arising from my child's participation in any field trip or school sponsored event without my consent for a designee to administer epinephrine via a prefilled injector. I agree to indemnify and hold harmless the Freehold Township Board of Education, its employees and agents against such claims for any good faith act or omission consistent with New Jersey statute and this form.

Date_____ Signature_____

EpiPen® (epinephrine) Auto-Injector Directions

- **First, remove the EpiPen® (epinephrine) Auto-Injector from the plastic carrying case**
- **Pull off the blue safety release cap**

- **Hold orange tip near outer thigh (always apply to thigh)**



- **Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.**

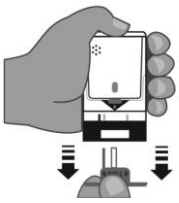
Remove EpiPen® (epinephrine) Auto-Injector and massage the area for 10 more seconds.

EpiPen® 2-Pak® EpiPen Jr 2-Pak®
(Epinephrine) Auto-Injectors 0.3/0.15mg

Auvi-Q™ (epinephrine injection, USP) Directions

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.

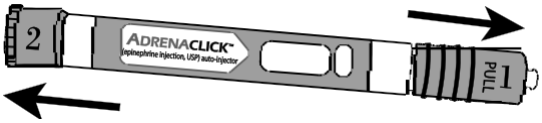
Pull off RED safety guard.



Place black end against outer thigh, then press firmly and hold for 5 seconds.

Auvi-Q™
epinephrine injection, USP
0.15 mg/0.3 mg auto-injectors

Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg Directions



Remove GREY caps labeled "1" and "2."

Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).