HENRY P. BECTON REGIONAL HIGH SCHOOL
Phone: (201)-935-3007 Fax: (201)-935-5639

Epinephrine Auto-Injectior(Epipen)/ALLERGY MEDICATION

MUST BE RENEWED EACH SCHOOL YEAR **School Year: ____________**

Student Name:______________________________ DOB:___________Grade:____

TO BE COMPLETED BY A PHYSICIAN: PLEASE COMPLETE BOTH SIDES
****** **NOTE TO PHYSICIAN/PARENT:** *****

State law *only* permits a student to self-administer an epinephrine auto-injector (Epipen), or Benadryl *concurrently with* an auto-injector. An order of Benadryl first, then Epipen upon further symptoms requires a *medical assessment*, and therefore, that order is not permitted during school or school-sponsored activities unless it is performed by a nurse, physician, or a parent who is present. A delegate or the student may not observe and then administer the injector after Benadryl.

The above student is allergic to:____

____

To control reactions the following medications are prescribed:

__________epinephrine Sr.- brandname (Epipen/Auvi-Q)______________________________

__________epinephrine Jr.-brandname (Epipen/Auvi-Q)_______________________________

Other (e.g.,Benadryl)___________________________**Dosage:**___________________________
(Benadryl may not be self-administered unless prescribed CONCURRENTLY with injector)
The epinephrine auto-injector is to be given:

___________*Immediately* (do not wait for symptoms)

___________*After* the following symptoms occur (please check those that pertain):

_____Apprehension
_____Sneezing/Coughing
_____Hives
_____Difficulty Breathing
_____Loss of Color
_____Flushing
_____Itching/Skin Burning
_____Wheezing/Shortness of Breath
_____Cyanosis
_____Loss of Consciousness/Drowsiness
Other:______________________________

*****If Benadryl is prescribed above***, it is to be given (check one):

_________As the ***ONLY medication*** given ______ BEFORE ________AFTER symptoms occur.

OR

_________***Concurrently*** with injector(**No** observation for symptoms before epinephrine given)

OR

_________***Before*** an injector, as the *first* medication, ***before or after*** **(circle one)** any of above symptoms occur. After given Benadryl, if symptoms do not improve within_______ minutes, administer the injector. **(this order is permitted only to school nurse, physician, or parent)**

***********PLEASE COMPLETE BOTH SIDES***********

Epinephrine Auto-Injector will be kept:

___________In the possession of student to SELF-ADMINISTER (student is capable of and has been instructed in the proper administration of the Epinephrine injector)

___________Stored in a secure unlocked location to be administered by nurse, or an assigned delegate, if permitted)

******The State recommends that a back-up/spare epinephrine auto-injector be supplied by the student's parent/guardian. Licensed Provider: Please include this in your orders ******

Benadryl may ONLY be self-administered when the physician's order states that the prescribed Benadryl dose is to be given CONCURRENTLY with epinephrine, without observation for symptoms. Student is permitted in school to carry only the prescribed dose of Benadryl *with* an injector, when ordered to be given concurrently with the Benadryl. A student MAY NOT administer Benadryl, *observe himself*, then self-administer Benadryl if needed. By law, only a nurse may follow such an order at a school-sponsored activity.

SCHOOL-SPONSORED EVENTS and/or VARSITY ATHLETIC PARTICIPATION

(Please check):

For Health Providers who have designated the school nurse to medicate during school hours:
Orders for field trips, varsity athletics, or intramurals **may** differ from regular school hour orders. If a school nurse is ordered to give the medication in school, please have the provider check below whether the student may self-administer only the orders **in accordance to bold lettering above** during school-sponsored events and athletic sports.

Student __________**MAY** _______________ **MAY NOT** self-administer the above medication(s) on school-sponsored events or during varsity athletics.

State law states that a school nurse shall assign a delegate, who volunteers and is properly trained, to administer a student's auto-injector epinephrine if student is incapable, should the nurse or parent be unavailable. Physicians, please discuss this with your patient.

______________________________________ ______________________________

Physician's Name Physician's Signature

_______________________ **Physician's Stamp:**

Date