



Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: [ ] Yes (higher risk for a severe reaction) [ ] No

PLACE  
PICTURE  
HERE

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

**Extremely reactive to the following foods:** \_\_\_\_\_

**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.

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 them the child is having anaphylaxis and may need epinephrine when they 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 them to ER even if symptoms resolve. Person 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/DOS

Epinephrine Brand: \_\_\_\_\_

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

Antihistamine: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

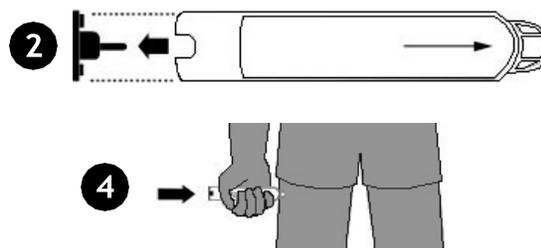
Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

### Permission to Self-administer Medication: Please check box below

- Student is permitted and trained to carry and self-administer his/her Epinephrine Auto-Injector in school or during school sponsored activities.

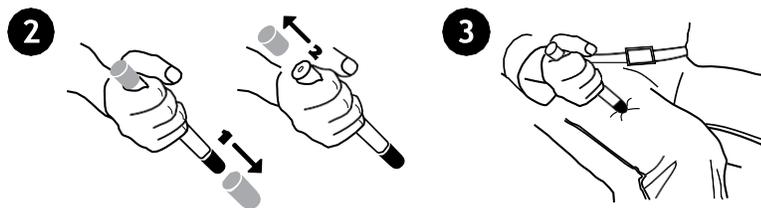
## EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



## ADRENACLICK®/ADRENACLICK® GENERIC 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 penetrates.
5. Hold for 10 seconds. Remove from thigh.



## OTHER DIRECTIONS/INFORMATION

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

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

EXHIBIT



**HOLMDEL TOWNSHIP PUBLIC SCHOOLS**

**WAIVER  
AND  
HOLD HARMLESS  
AGREEMENT**

THIS AGREEMENT made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2016, by and between the Holmdel Township School District Board of Education (hereinafter referred to as "BOARD OF EDUCATION"), and \_\_\_\_\_, parent of \_\_\_\_\_ a student in the Holmdel Township School District (hereinafter referred to as the "PARENTS" and "STUDENT" respectively.)

WHEREAS, in conformance with N.J.S.A. 18A:40-12.3, the BOARD OF EDUCATION has received a written request from PARENTS to allow STUDENT to self-administer medication for asthma, over-the-counter antihistamine, and/or prescribed epinephrine in the event of an allergic reaction to any life-threatening allergic reaction.

WHEREAS, PARENTS have provided the BOARD OF EDUCATION with written certification from \_\_\_\_\_, M.D. certifying that STUDENT suffers from a potential life-threatening allergic reaction from contact with peanuts or peanut-based products or a potential life-threatening illness (attached hereto as Exhibit A and incorporate herein); and,

WHEREAS, Dr. \_\_\_\_\_ further certifies that STUDENT has received appropriate training in recognizing the symptoms of an allergic reaction and is further trained in the self-administration of medication for asthma, an antihistamine, and/or epinephrine (See Exhibit A); and,

WHEREAS, in conformance with N.J.S.A. 18A:40-12.3 and BOARD OF EDUCATION Policy 5141.21, the BOARD OF EDUCATION requires the PARENTS to execute an indemnification and hold harmless agreement for the self-administration of medication by the student.

NOW, THEREFORE, in consideration of the mutual promises hereinafter set forth, the parties hereto agree as follows:

ARTICLE 1. The STUDENT, \_\_\_\_\_, shall be permitted to carry and self-administer medication for asthma, antihistamine and/or epinephrine medication, for

**WAIVER AND HOLD  
HARMLESS AGREEMENT**

File Code: 5141.21

potentially life-threatening illnesses or allergic reactions. Upon administering medication, the STUDENT shall immediately report the same to the school nurse. Regardless of the response to medication, the STUDENT's PARENTS shall be notified via the emergency response contact information provided and the STUDENT shall be transported, via emergency medical services, to the nearest local hospital capable of providing intake only in the event that epinephrine was administered.

ARTICLE 2. The PARENTS agree to indemnify and hold harmless the BOARD OF EDUCATION and its agents, representatives, and any affiliated or related entities against any and all claims, loss liability, damage, suits and actions of every nature and description, costs, and expenses, including reasonable attorneys' fees, brought against the BOARD OF EDUCATION for any injury or damage that is alleged to have arisen in whole or in part as a result of the provisions of this Agreement, and in particular, the STUDENT's self-administration of medication.

ARTICLE 3. The PARENTS agree to waive any claims they may have individually and/or on behalf of their \_\_\_\_\_, \_\_\_\_\_, which arise out of the STUDENT's self-administration of medication.

ARTICLE 4. This Agreement shall be effective from the date first entered above until \_\_\_\_\_. PARENTS shall be required to renew said Agreement including providing an annual medical recertification, for each school year the STUDENT is enrolled in the Holmdel School District.

PARENTS:

By: \_\_\_\_\_

By: \_\_\_\_\_

HOLMDEL TOWNSHIP BOARD OF EDUCATION

By: \_\_\_\_\_

**Source: Regular Board Meeting**

**Date: August 26, 2009**

