



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 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/DOSES

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

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

Antihistamine Brand or Generic: \_\_\_\_\_

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

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

PARENT/GUARDIAN AUTHORIZATION SIGNATURE \_\_\_\_\_

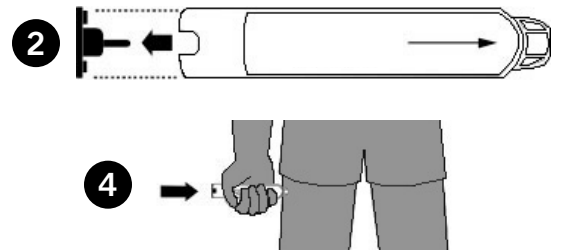
DATE \_\_\_\_\_

PHYSICIAN/HCP AUTHORIZATION SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## 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** (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 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

Swedesboro-Woolwich School District  
**EMERGENCY ADMINISTRATION OF EPINEPHRINE VIA EPI-PEN**

Student's Name \_\_\_\_\_ School \_\_\_\_\_  
Grade \_\_\_\_\_ School Year \_\_\_\_\_ Teacher's Name \_\_\_\_\_

In order to provide for the administration of the Epi-Pen to the above named student, the parent/guardian must provide the following:

- a. Written authorization for the appropriate personnel to administer the Epi-Pen to their child during the current school year
- b. Written certification orders from the physician of the student that the student has a potentially life threatening illness which requires the prompt administration of epinephrine via a prefilled Epinephrine auto injector.
- c. Written acknowledgement that the Board and its employees or agents shall have no liability as a result of any injury, damage, or loss arising from the administration of the Epi-Pen to the student and shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of the Epi-Pen to their child
- d. Written acknowledgement that the school nurse shall have the primary responsibility for the administration of the Epi-Pen to their child. However, the school nurse may designate another employee who may administer the Epi-Pen to the affected student when the nurse is not present provided that the employee has been properly trained in the administration of the Epi-Pen by the school nurse using standardized training protocols

I hereby certify that the above named student has asthma or another potentially life threatening illness which requires the prompt administration of epinephrine via the Epi-Pen and the student does not have the capacity for self administration of the medication.

\_\_\_\_\_  
Physician (Print)                      Physician's Signature                      Date

I hereby certify that I am the parent/guardian of the above named student and authorize in accordance with (a.) above and acknowledge in accordance with (c.) and (d.) above.

\_\_\_\_\_  
Parent (Print)                      Parent's Signature                      Date