



Glen Ridge Public Schools

RIDGEWOOD AVENUE UPPER ELEMENTARY SCHOOL

Joan DeJong, School Nurse

Dear Parent or Guardian:

Please take a moment to thoroughly read this information. Your child's health records indicate that he/she has a food allergy. This packet of required forms has been mailed to you so that you can have it completed in a timely manner prior to the opening of school. Our school district follows the guidelines prepared by the Food Allergy Network and the Mount Sinai School of Medicine.

***There is an allergy safe table provided in the cafeteria for all food allergy children.

Your School Nurse requires the following information and supplies for the safety of your child; **please check off each item on the list prior to bringing in your supplies and paperwork to school.**

- 1. Two small photos of _____ . These pictures are necessary for the staff to be able to identify and recognize your child.
- 2. **Please have your doctor complete, sign and return the enclosed "Food Allergy and Anaphylaxis Care Plan"** with the doctor's instructions to be followed in the event of an emergency.
- 3. ****Two single dose auto-injector epinephrine syringes,** if prescribed. **It is the parent's responsibility to:check and make note of expiration date prior to delivering epi-pens to school in order to replace when expired).** **ALL medications must be brought to school in the original packaging and will only be accepted with the prescription information (Stock liquid Benadryl is available in the health office.)**
- 4. ****A medic alert bracelet/necklace should be worn by your child.** Consider this a lifesaving measure and not a stigma.

The above required medical forms and medication should be brought to school completed in a zip lock bag with your child's name on it. Incomplete paperwork and expired medications will not be accepted. **The above information should be provided prior to the first day of school.**

Please review the Board of Education Policy #5331 regarding Anaphylaxis titled "Management of Life-Threatening Allergies in School." This can be found on the District Web page under "public policies". If you have any questions or concerns please feel free to contact me.

Sincerely,

Joan DeJong RN, BSN, MS.

Joan DeJong RN, BSN, MS
Certified School Nurse



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

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue 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 or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or 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): _____



PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE



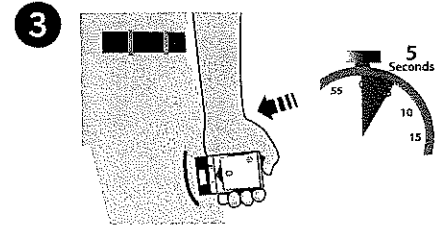
PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE



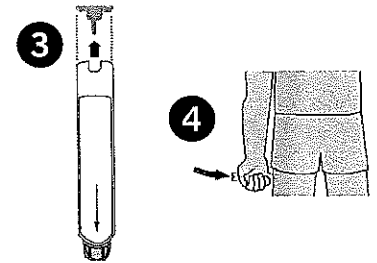
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.
5. Call 911 and get emergency medical help right away.



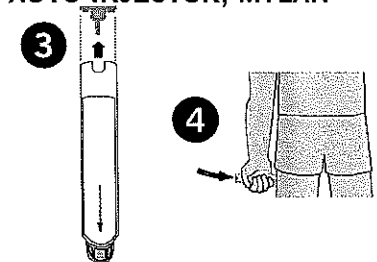
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



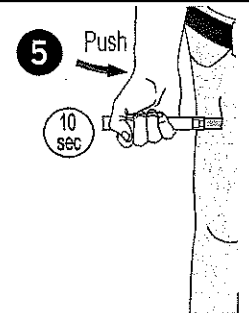
HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



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: _____



GLEN RIDGE PUBLIC SCHOOLS

_____ has been diagnosed with the following food allergies:
(NAME OF STUDENT)

It is recommended that this student sit at an allergy-free table during lunch. As a means of reducing the risk of an anaphylaxis reaction, the school has created an allergy-free table for the student to eat at during lunch. This table is more closely supervised by the staff members working in the cafeteria and students, those with and without food allergies, who sit at the table are aware of the potential danger of the food allergies. We highly recommend that any student who has food allergies sit at this table. Parents who do not wish for their child to sit at this table need to complete the form below and return it to the school nurse.

Exemption from the Allergy-Free Table

Student's Name: _____

Parent's Signature(s): _____

★ ★ Physician's Signature: _____

Date: _____

Note: This will acknowledge that the Glen Ridge Public Schools shall incur no liability and that I indemnify and hold the Glen Ridge Board of Education, its members and employees harmless against any claim arising out of injury resulting from my child's food allergy.