

ESTELL MANOR SCHOOL DISTRICT

128 Cape May Avenue, Estell Manor, New Jersey 08319 Phone:

(609) 476-2267

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MEDICATION POLICY

The administration of medication by school personnel is discouraged by the NJ State Department of Education and is not normally a function of education. Some children with chronic diseases, however, may require medication during the course of the school day. With consent regarding your student's medication, you agree to the following. School Policy 5330 Administering Medication • Regulation

The following are required for the school nurse to give medications:

1. The parent or guardian must provide a written request for the administration of the prescribed medication at school. Medications that cause drowsiness should NOT be given before or during school hours.
2. Written orders are to be provided to the school nurse from the private physician, detailing the diagnosis or type of illness involved, the name of the drug, dosage, time of administration, length of time, and possible side effects.
3. The medication shall be brought to the school nurse directly by a parent or guardian.
4. The medicine shall be brought to school in the ORIGINAL container, appropriately labeled by the pharmacy. No loose medication will be administered. Check for expiration date as it is the responsibility of the parent/guardian to make sure the school does not receive expired medication. Refill medication in a timely manner.
5. The school nurse will maintain a secure, locked space for safe storage of medications at all times.
6. The school nurse will maintain the records for documentation for administering medication to students.
7. A copy of this regulation will be provided to parents upon request for the administration of medication in the schools. Please see the school policy on medication.
8. The school nurse shall maintain a system by which parents are informed of their obligation to retrieve unused medication. If unused medication is not retrieved within two (2) weeks of notice, the nurse shall dispose of the medication in accordance with proper medical control

In accordance with NJ State Law, a student may be granted permission to self-administer a medication for asthma or other potentially life-threatening illnesses.

ALL MEDICATIONS MUST BE PICKED UP BY THE PARENT ON THE LAST DAY OF SCHOOL. ANY MEDICATION LEFT WILL BE DISPOSED OF AT THE END OF THE LAST DAY.

Complete 2 SIDES

School Year _____

Grade _____

Date: _____

To Whom It May Concern: I request that the school nurse administer _____
to my child: _____ during school hours as prescribed by the
physician.

Medications may not be carried by students (see self-carry orders for emergency medications)

1. Please administer medications on schedule, even on early dismissal day. ____ Yes ____ No

2. I authorize sharing information, verbally and /or in writing, related to my child's health
between the school nurse (or designee) and the healthcare provider listed below.

3. I authorize the school nurse (or designee) and school staff to share information, verbally
and/or in writing, related to my child's health.

4. The school nurse shall maintain a system by which parents are informed of their obligation to
retrieve unused medication. If unused medication is not retrieved within two (2) weeks of notice,
the nurse shall dispose of the medication in accordance with proper medical control. Last day of
school all medication is disposed of by the school nurse if not picked up by the time of student
dismissal.

5. I am aware that a parent/guardian must bring the medication to the school nurse in its
original, labeled container. See School policy 5330

If Self Carry (only for emergency medications), SEE Policy and sign other forms _____

Any known

allergies _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Emergency name/phone number _____

Physician Completes: Authorization is hereby given for medication to be administered in
school to:

Student Name _____ Date of Birth _____

Diagnosis: _____

Medication: _____

Dosage and frequency: _____

Duration prescribed _____ School Year _____

Possible side effects: _____

Other medications taken by students that might interfere with the effects of the ordered
medication: _____

Student needs to take medication while attending field trips: ____ Yes ____ No

Name Physician (print) _____

Signature of Healthcare Provider/ Phone #/ Date _____

END-OF-YEAR MEDICATION REMINDER

School year _____

Please pick up any unused medication(s) that your child has in the school office by the last day of school. The school cannot store medication in the office over the summer, and unclaimed medications will be destroyed on the last day of school.

Remember, if your child needs any medication(s) during the school day, including all over-the-counter medications, such as Tylenol, Benadryl, and Advil, a medication authorization form must be completed and signed by both a physician and the parent/guardian. This goes for lozenges also, which can not be self-carried (potential choking hazard, PreK program).

These forms are available in the nurse's office. In addition, the medication must be brought to school in the original container, properly labeled with the student's name by an adult. Plastic baggies are not acceptable. If over-the-counter medications, once we have a doctor's orders, they must come in unopened.

Thank you for your cooperation in maintaining a safe environment for our students.

Per state regulations, any medication left on the last day of school is to be disposed of. This includes students who will return next year. A new physician's order and new medication(s) are to be brought into school at the beginning of each school year.

BOE policy code 5330, Administering Medication, can be found online at the Estell Manor webpage. The school nurse shall maintain a system by which parents are informed of their obligation to retrieve unused medication. If unused medication is not retrieved within two (2) weeks of notice, the nurse shall dispose of the medication in accordance with proper medical control. If you have any questions or concerns, please contact the school nurse or the school office.

Student's Name _____ GR _____

Parent's Signature _____

Date _____



FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergic 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.

Special Situation/Circumstance - If this box is checked, the child has an extremely severe allergy to the following food(s) _____

Even if the child has MILD symptoms after eating (ingesting) this food(s), Give Epinephrine immediately.

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 BODY SYSTEM, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE BODY SYSTEM (E.G. SKIN, GI, ETC.), 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: 0.1 mg IM 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

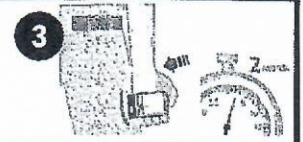
HEALTHCARE PROVIDER AUTHORIZATION SIGNATURE

DATE



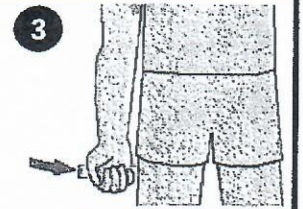
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

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



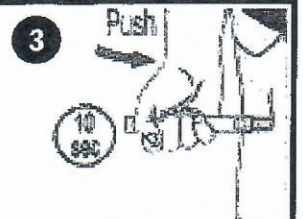
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION

1. (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN
2. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
3. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. 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'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



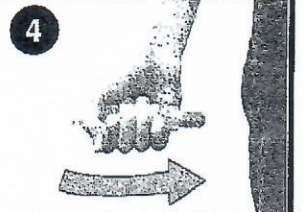
HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

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



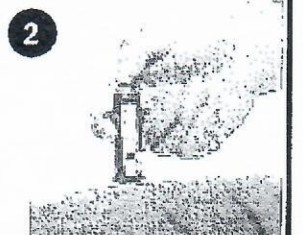
HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPi™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPi™ by finger grips only and slowly insert the needle into the thigh. SYMJEPi™ can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



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.):

Epinephrine first, then call 911. Monitor the patient and call their emergency contacts right away.

EMERGENCY CONTACTS – CALL 911

OTHER EMERGENCY CONTACTS

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____