

**PLACE  
PICTURE  
HERE**

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

Allergic to: \_\_\_\_\_

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

History of anaphylaxis:  **Yes**  **No**

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

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. **ADMINISTER 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.

**ADDITIONAL PHYSICIAN COMMENTS**

**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 AND CALL 911.**

**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 and call 911.

If this box is checked by the child's physician, the child has an extremely severe allergy to \_\_\_\_\_ and should be given epinephrine at the first sign of any symptoms, even if mild.

**MEDICATIONS/DOSES**

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.1 mg IM (intramuscular)  0.15 mg IM  
 0.3 mg IM  1 mg IN (intranasal)  2 mg IN

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

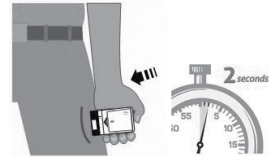
Antihistamine Dose: \_\_\_\_\_

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

Patient may self-carry  Patient may self-administer

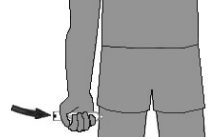
## HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

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.



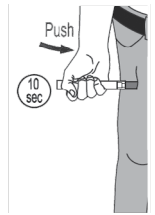
## HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, VIATRIS AUTO-INJECTOR, VIATRIS

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. With your other hand, remove the blue safety release by pulling straight up.
3. 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).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



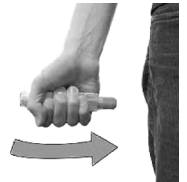
## HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

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.



## 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.

## HOW TO USE NEFFY® (EPINEPHRINE NASAL SPRAY)

1. Remove neffy from packaging. Pull open the packaging to remove the neffy nasal spray device.
2. Hold device as shown. Hold the device with your thumb on the bottom of the plunger and a finger on either side of the nozzle. Do not pull or push on the plunger. Do not test or prime (pre-spray). Each device has only 1 spray.
3. Insert the nozzle into a nostril until your fingers touch your nose. Keep the nozzle straight into the nose pointed toward your forehead. Do not point (angle) the nozzle to the nasal septum (wall between your 2 nostrils) or outer wall of the nose.
4. Press plunger up firmly until it snaps up and sprays liquid into the nostril. Do not sniff during or after the dose is given. If any liquid drips out of the nose, you may need to give a second dose of neffy after checking for symptoms. Call 911 immediately after first use.
5. If symptoms don't improve or worsen within 5 minutes of initial dose, administer a second dose into the same nostril with a new neffy device.



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: \_\_\_\_\_

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

**PEQUANNOCK TOWNSHIP SCHOOL DISTRICT  
EMERGENCY ADMINISTRATION OF EPINEPHRINE  
STATEMENT OF INDEMNIFICATION**

1. I am the parent or guardian of \_\_\_\_\_, a student currently enrolled in the Pequannock Township Public Schools.
2. I have provided to the Board of Education, through its administration, written certification from \_\_\_\_\_'s physician or advanced practice nurse attesting to the fact that \_\_\_\_\_ requires the administration of epinephrine for anaphylaxis and does not have the capability for self-administration of the medication.
3. On \_\_\_\_\_, I provided to the Board of Education, through its administration, a current pre-filled, single dose auto-injector mechanism containing epinephrine for the use of my child, \_\_\_\_\_. The epinephrine I provided is due to expire on \_\_\_\_\_. I understand that epinephrine can only be obtained through a prescription and that I am fully responsible for keeping track of the expiration date of said epinephrine and replacing the same with another pre-filled, single dose auto-injector mechanism containing epinephrine when it has expired.
4. When required, and in accordance with the procedures specified by N.J.S.A. 18A:40-12.5 and N.J.S.A. 18A:40-12.6, I hereby consent, via this writing, to the administration of this pre-filled, single dose auto-injector mechanism containing epinephrine, which I provided to the Board of Education, to my child, \_\_\_\_\_.
5. The Board of Education, through its administration, has informed me in writing that if the procedures specified in N.J.S.A. 18A:40-12.5 and N.J.S.A. 18A:40-12.6 are followed, the Board and/or its employees or agents shall incur no liability as a result of any injury arising out of its administration of a pre-filled, single dose auto-injector mechanism containing epinephrine to my child, \_\_\_\_\_.
6. This statement acknowledges that where the procedures specified in N.J.S.A. 18A:40-12.5 and N.J.S.A. 18A:40-12.6 are followed, the district shall have no liability and further acknowledges that I shall hereby indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine to my child, \_\_\_\_\_.
7. I understand that the permission being granted for the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine to my child is effective only for the school year for which such permission is granted and must be renewed for each subsequent school year.
8. I understand that, in accordance with N.J.S.A. 18A:40-12.6, the school nurse may designate, in consultation with the Board, or Superintendent, another staff member to administer epinephrine via an epi-pen when the nurse is not physically present at the scene. I further understand that, in accordance with N.J.S.A. 18A:40-12.6(a), the designated staff member shall be properly trained in the administration of the epi-pen by the school nurse using standardized training protocols established by the Department of Education in consultation with the Department of Health and Senior Services.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent or Guardian's Signature

**PEQUANNOCK TOWNSHIP PUBLIC SCHOOLS  
HEALTH OFFICE**

**AUTHORIZATION FOR STUDENT SELF-ADMINISTRATION OF MEDICATION**

Dear Parent/Guardian,

You have indicated your child has a **LIFE-THREATING CONDITION** and requested that he/she be permitted to carry and self-administer required medication.

Pursuant to N.J.A.C. 6:29-3.2, and Pequannock Township Board Policy 5141.21, you are advised that the District shall not incur liability as a result of any injury arising from the self-medication.

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
(Print Parents/Guardians Name) (Print Child's Name)

request that he/she be permitted to self-medicate \_\_\_\_\_  
(Prescription)

for \_\_\_\_\_, and understand that the District cannot be held liable for  
(Condition)

any injury incurring from this self-medication.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

**Please have your physician complete the next section:**

I certify that the above student, my patient, has the potentially life-threatening condition indicated and is capable of, and has been instructed in the proper administration of the required medication

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone number)