

PUBLIC SCHOOLS OF Pemberton Township

One Egbert Street, Pemberton, NJ 08068 Phone: 609-893-8141

Delegation of Epinephrine

(Permission to train qualified school personnel to administer epinephrine in the absence of the school nurse)

r ermission to train qualified school personnel to daminister epinephi	rine in ine absence oj ine schooi nursej
I acknowledge that my child	_has a history of an allergic ife threatening allergic reaction
as documented by Dr	
In accordance with State Law 18A:40-12.5, I give permiss delegate the administration of epinephrine to my child whe immediately available. A copy of my child's Anaphylaxis will be shared with the delegate(s).	en the school nurse is not
If you choose not to allow the school to train and assign will not be allowed to participate in after school clubs on the may not be present.	
I understand that the district and its employees or agents shoof any injury arising from the administration of the epinephinjector mechanism; and shall indemnify and hold harmles or agents against any claims arising out of administration cauto-injector mechanism.	hrine via a pre-filled auto- ss the district and its employees
State law mandates that once epinephrine has been adr transported to a hospital by emergency services person	
Signature of Parent/Guardian	Date
Signature of School Nurse	

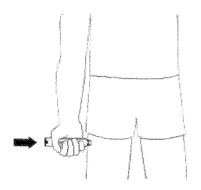
Anaphylaxis Individual Emergency Care P		
Name: Allergy to:		D.O.B.:
Weight:lbs. Asthma: \square Yes (higher risk	for a severe r	eaction) No
Does student have a documented incident of anaphyla		□ No
Extremely reactive to the following: Therefore:		
☐ Give epinephrine immediately for ANY symptoms if ☐ Give epinephrine immediately if there was exposure		
Otherwise:		
Any SEVERE SYMPTOMS after suspected or known exposure: One or more of the following: LUNG: Short of breath, wheeze, repetitive cough HEART: Pale, blue, faint, weak pulse, dizzy, confuse THROAT: Tight, hoarse, trouble breathing/swallowing MOUTH: Obstructive swelling (tongue and/or lips) SKIN: Many hives over body Or combination of symptoms from different body areas: SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)		1. INJECT EPINEPHRINE IMMEDIATELY 2. Call 911 3. Begin monitoring (see box on back page) 4. Give additional medications.* (If ordered) -Antihistamine -Inhaler (bronchodilator) if asthma *Antihistamine & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE
GUT: Vomiting, crampy pain MILD SYMPTOMS ONLY: MOUTH: Itchy mouth SKIN: A few hives around mouth/face, mild itch GUT: Mild nausea/discomfort		1. GIVE ANTIHISTAMINE 2. Stay with student; alert healthcare professional and parent 3. Dismiss student to care of parent or guardian 4. If symptoms progress (see above),
Medication/Doses: Epinephrine: □ 0.15mg or □ 0.3mg □ May report Antihistamine: □ 0.15mg or □ 0.3mg □ May report Other (e.g., inhaler-bronchodilator if asthmatic): □ 0.10mg □ 0.2mg □ 0.2m		use EPINEPHRINE minutes if symptoms continue.
Self-Administration: I have instructed the above student in the proper opinion that he/she is capable of self-administration. She/she has administered epinephrine/antihistamine.	administration itudent must n	of epinephrine/antihistamine. It is my
\square It is my opinion that the above student is not capa		ministration.
Contacts: Doctor:		Phone:
Parent/Guardian:		Phone: Phone:
Other Emergency Contact:		
<u> </u>		Doctor's Office Stamp
Parent/Guardian Signature Do	ate	
Healthcare Provider Signature Do	ate	

EpiPen® (epinephrine) Auto-Injector Directions

- First, remove the EpiPen® (epinephrine)
 Auto-Injector from the plastic carrying case
- · Pull off the blue safety release cap

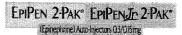


Hold orange tip near outer thigh (always apply to thigh)



 Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.

Remove EpiPen® (epinephrine) Auto-Injector and massage the area for 10 more seconds.

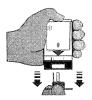


EpiPen', EpiPen 2-Pak', and EpiPen Jr 2-Pak' are registered trademarks of Mylan Inc. licensed exclusively to its wholly-owned subsidiary, Mylan Specialty L.P.

Auvi-Q[™] (epinephrine injection, USP) Directions

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.

Pull off RED safety guard.





Place black end against outer thigh, then press firmly and hold for 5 seconds.

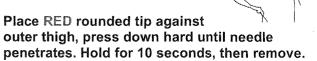


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Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg Directions



Remove GREY caps labeled "1" and "2."



A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Monitoring

Stay with student; alert healthcare professionals and parent. Note time when epinephrine was administered and tell EMS. Give used epinephrine auto-injector to EMS for safe disposal. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See above for auto-injection technique.