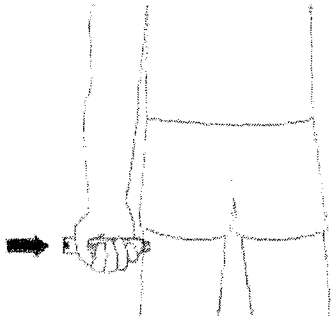


EpiPen® (epinephrine) Auto-Injector Directions

- 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.

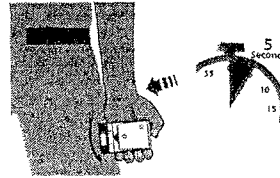
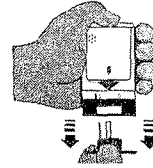


EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Mylan Inc. Licensed exclusively to its wholly-owned subsidiary, Mylan Specialty L.P.

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.

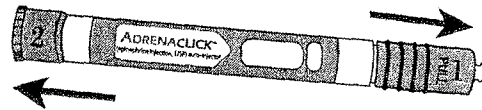


Place black end against outer thigh, then press firmly and hold for 5 seconds.

Auvi-Q
epinephrine injection, USP
0.15 mg/0.3 mg auto-injectors

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Adrenaclick® 0.3 mg and Adrenaclick® 0.15 mg Directions



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



Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

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.



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)

I acknowledge that my child _____ has a history of an allergic reaction; which may lead to anaphylaxis; a rapid, severe, life threatening allergic reaction to _____ as documented by Dr. _____.

In accordance with State Law 18A:40-12.5, I give permission for the school nurse to delegate the administration of epinephrine to my child when the school nurse is not immediately available. A copy of my child's Anaphylaxis Individual Emergency Care Plan will be shared with the delegate(s).

If you choose not to allow the school to train and assign a delegate, then your child will not be allowed to participate in after school clubs or activities when a school nurse may not be present.

I understand that the district and its employees or agents shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism; and shall indemnify and hold harmless the district and its employees or agents against any claims arising out of administration of the epinephrine via a pre-filled auto-injector mechanism.

State law mandates that once epinephrine has been administered the student must be transported to a hospital by emergency services personnel.

Signature of Parent/Guardian _____ Date _____

Signature of School Nurse _____