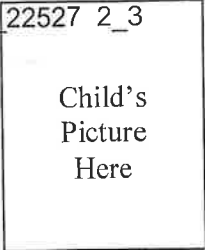


**Allergy Action Plan**



Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Teacher: \_\_\_\_\_  
**Allergy to:** \_\_\_\_\_

Asthmatic: Yes\*  No  \*Higher risk for severe reaction

**STEP 1: TREATMENT (COMPLETED BY PHYSICIAN)**

**Symptoms:**

**Give Checked Medication**

- If allergen has been ingested, but no symptoms
- Mouth or tongue itching, tingling, or swelling
- Skin hives, itchy rash, swelling of face or extremities
- Gut nausea, abdominal cramps, vomiting, diarrhea
- †• Throat tightening, hoarseness, hacking cough
- †• Lung shortness of breath, wheezing, repetitive cough
- †• Heart thready pulse, low blood pressure, fainting,  
pale, blueness, other \_\_\_\_\_

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

† “Potentially life threatening” the severity of symptoms can quickly change.

**Dosage:**

**Antihistamine:** \_\_\_\_\_  
Medication/dose/route

**Other:** \_\_\_\_\_  
Medication/dose/route

**Epinephrine:** Inject intramuscularly (circle one) EpiPen ® EpiPen Jr. ®

Student has demonstrated that he/she is capable to self administer emergency medication. It is my professional opinion that he/she should be allowed to carry and use this medication by him/herself.

Yes  No  **Doctor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Phone Number :** \_\_\_\_\_

\*\*\*\*\*

**STEP 2: EMERGENCY CALL**

- 1) Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
- 2) Call parent at: cell: \_\_\_\_\_ w: \_\_\_\_\_ h: \_\_\_\_\_

**All children receiving EpiPen will be transported to the hospital immediately.**

**Delegate Authorization by Parent**

I give permission for the school nurse to administer the above named emergency medications. In the absence of the school nurse, I authorize the following trained delegates to assist my child with the administration of EpiPen, and to then take my child to a medical facility.

Parent : \_\_\_\_\_ Date: \_\_\_\_\_  
Delegate: \_\_\_\_\_ Head of School: \_\_\_\_\_ Date: \_\_\_\_\_  
Delegate: \_\_\_\_\_ School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

### **Guidelines for Administration of Medication in School**

- 1) The parent/guardian must provide a written request for the administration of the prescribed medication at school.
- 2) Written orders from family physician detailing the diagnosis, name of drug, dose, time and side effects must be obtained.
- 3) The medication must be brought to school in the original container, with the pharmacy label on it.
- 4) The school will provide a secure locked space for the storage of the medication. Inhalers for asthma and EpiPens are the exception to this rule. They will be kept in an unlocked classroom cabinet or child's book bag after discussion with the parent, school nurse and teacher.
- 5) The school nurse or parent/guardian is the only person permitted to administer the medication in school and for school trips. Consultation between parent/guardian and principal is necessary to designate a person to administer an EpiPen when the school nurse is unavailable.
- 6) Medication records are to be maintained by the school nurse for each child receiving medication.
- 7) Orders for giving medication must be renewed at the beginning of each school year. Doctor's orders are valid for school year only (September – June).

### **Guidelines for Consent to Delegate EpiPens in School**

The school nurse shall have primary responsibility for administration of auto-injectable epinephrine. The school nurse shall designate, in consultation with the Head of School, additional employees of the school to administer epinephrine via auto-injectable epinephrine to a pupil for anaphylaxis when the nurse is not physically present at the scene, as specified in P.L 2007, c.57. In the absence of a delegation, the school is still required to develop a policy for the emergency administration of epinephrine i.e. It must still ensure that epinephrine and a trained adult user are onsite and immediately available to the allergic child. It is the parent's responsibility to notify the school nurse when their child will be doing any activities outside of the normal school day, so that arrangements can be made to assign a delegate.

This employee has been properly trained in the administration of epinephrine by the school nurse using standardized training protocols established by the Department of Education and will meet the following criteria:

- 1) Is willing to learn and assume responsibility.
- 2) Has demonstrated competency and good judgment.
- 3) Is available to the pupil where anaphylaxis is likely to occur.
- 4) Has been trained in tasks specific to the above-named student.

If the procedures specified in P.L 2007, c 57 are followed, Princeton Day School shall have no liability as the result of any injury arising from the administration of epinephrine to the pupil and we, the parents or guardians, indemnify and hold harmless the school, the school nurse, and all employees or agents against any claims arising out of the administration of the epinephrine to the pupil.

Permission is effective for the school year in which it is granted and is renewed for each subsequent year in accordance with P.L 2007, c.57.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_