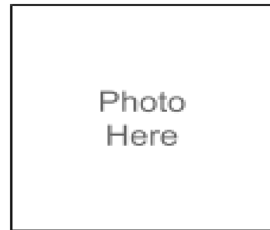
Montgomery Township School District

EMERGENCY ALLERGY ACTION PLAN

School Year: ________________



Student Name: ____ Date of Birth: ___________

Allergic to (list allergens that may cause anaphylaxis):

____

Teacher: ____ Home Room: ______________ Grade: ___________

Healthcare Provider- Complete, Initial Capacity Statements, Sign, Date, & Stamp:

Current Weight: ______________________ Epinephrine Auto-Injector Dose: ☐ 0.15 mg (Jr) ☐ 0.3 mg (Adult)

Antihistamine (drug/dose): ____

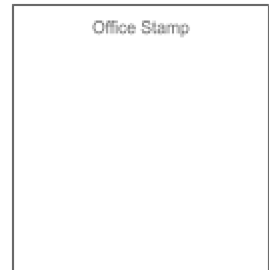
History of Asthma or Reactive Airway: ☐ No ☐ Yes Bronchodilator (drug/dose): ________________________________

Capacity for self-administration of epinephrine (Healthcare provider- initial box next to applicable statement(s):
You may select a combination of options. If for any reason the student cannot self-administer, the school nurse, or delegate will give epinephrine. Delegates are not authorized by NJDOE to administer antihistamines or bronchodilators.

☐ Student will carry and self-administer epinephrine.

☐ Student will carry, but cannot self-administer.

☐ Student's epinephrine is kept in the health office for administration by the school nurse or delegate.



Healthcare Provider Signature: ____ Date: ______________

Parent/Guardian- Review Statements, Sign, Date, & Complete:

**Each school year, you must provide the school nurse with all unexpired emergency medication(s) ordered by your child's healthcare provider along with an updated Emergency Allergy Action Plan. Your child will not be permitted to participate in athletics, day or overnight off-campus trips, and school sponsored events without their medication(s), and an Emergency Allergy Action Plan on file in the health office.*

I understand that in the event of an anaphylactic emergency, epinephrine will be administered to my child by a school nurse or delegate as indicated in this Emergency Allergy Action Plan. My signature indicates acknowledgement that the Montgomery Township School District, and its employees or agents, shall have no liability as a result of any injury arising from the administration of epinephrine to my child. I shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of epinephrine via a pre-filled auto injector mechanism.

Parent/Guardian Signature:____ **Date:** ____________________

Parent/Guardian/Emergency Contact Information: Please **print** legibly all contact names and phone numbers in order of priority.

1.____
Name (print clearly) Preferred Phone Alternate Phone

2.____
Name (print clearly) Preferred Phone Alternate Phone

3.____
Name (print clearly) Preferred Phone Alternate Phone

➜EPINEPHRINE ADMINISTRATION INSTRUCTIONS ON BACK OF FORM ➜

IDENTIFY SYMPTOMS → INJECT EPINEPHRINE → CALL 911

SEVERE SYMPTOMS

One or **more** of the following:

LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, Blue, Faint, weak pulse, dizzy
THROAT: Tight, hoarse, trouble swallowing or breathing
MOUTH: Obstructive swelling (tongue and /or lips)
SKIN: Many hives over body
GUT: Vomiting, diarrhea, crampy pain
OTHER: Anxiety, confusion, feeling of unease

Or a **Combination** of symptoms from different body areas

1. **INJECT EPINEPHRINE IMMEDIATELY**
2. CALL 911 – Request Ambulance with epinephrine
3. Continually monitor student's condition
4. Administer antihistamines & inhaler/bronchodilator as ordered by HCP (only RNs may administer)*

*Delegates are not authorized to administer antihistamines or bronchodilators per statute- N.J.S.A. 18A:40-12.6. Antihistamines & Inhaler-bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis)- **USE EPINEPHRINE**

If **MILD SYMPTOMS** From **MORE THAN ONE** Body System, **GIVE EPINEPHRINE**

For MILD SYMPTOMS From a SINGLE BODY SYSTEM

Nose: Itchy or runny nose, sneezing
Mouth: Itchy mouth / throat
Skin: A few hives, mild itch
Gut: Mild nausea / stomach ache

Give antihistamines as ordered by healthcare provider.

Stay with person; alert emergency contacts.

Watch closely for changes.

If symptoms worsen, give epinephrine & call 911

TO INJECT EPINEPHRINE:

1. REMOVE AUTO-INJECTOR FROM PROTECTIVE CASE
2. REMOVE ALL PROTECTIVE CAPS
3. GRASP AUTO-INJECTOR, SWING AND PUSH FIRMLY AGAINST MIDDLE OF OUTER THIGH HOLD FIRMLY IN PLACE FOR 3 SECONDS (COUNT SLOWLY)
4. REMOVE AND MASSAGE THE INJECTION SITE FOR 10 SECONDS.

Revised: 2020-12-10