



**EASTERN CHRISTIAN  
SCHOOL**

Dear Parent/Guardian:

If it is necessary for your child to receive Epinephrine during school hours, school health policy requires that you provide a written request for the administration of the prescribed medication. On a separate page, you will find the “Administration of Epinephrine” policy of Eastern Christian School Association. Your private physician must complete the “**Food Allergy & Anaphylaxis Emergency Care Plan**” form. There is also a “**Self-Administration**” form which needs to be filled out by the physician and “**Medication Contract**” form to be signed by both student and parent/guardian. These forms must be submitted each school year.

The school nurse or parent/guardian is the only one permitted to administer medication in the school. In the event that the school nurse is not present, the parent can give written authorization for a delegate to administer epinephrine via auto-injector. We have an “**Acknowledgement**” form that can be obtained from the school nurse at the campus your child will be attending, and signed by the parent/guardian. Only the school nurse, acting on physicians’ orders, may give Benadryl first, observe for further symptoms, assess according to the best nursing practice, and follow with epinephrine as necessary. In the absence of the school nurse, the delegate, who has been properly trained according to standardized training protocols, will immediately give the epinephrine auto-injector. The nurse will review in advance the administration procedure with the delegate.

Please review the policy and return the completed forms. Also, please provide a current pre-filled single dose auto-injector mechanism containing epinephrine in the original box with prescription label from the pharmacy attached. The epinephrine will be kept in a secure but unlocked location easily accessible by the school nurse and delegates.

Any questions, please feel free to contact us at the appropriate school. The telephone number for the Elementary School is 201-445-6150; the Middle School is 201-891-3663; and the High School is 973-427-0900.

Thank you,

**ECSA School Nurses**

**PLACE  
PICTURE  
HERE**

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

Allergy to: \_\_\_\_\_

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

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

**Extremely reactive to the following foods:** \_\_\_\_\_








THEREFORE:

If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

FOR ANY OF THE FOLLOWING:





## SEVERE SYMPTOMS

 <b>LUNG</b> Short of breath, wheezing, repetitive cough	 <b>HEART</b> Pale, blue, faint, weak pulse, dizzy	 <b>THROAT</b> Tight, hoarse, trouble breathing/swallowing	 <b>MOUTH</b> Significant swelling of the tongue and/or lips
 <b>SKIN</b> Many hives over body, widespread redness	 <b>GUT</b> Repetitive vomiting, severe diarrhea	 <b>OTHER</b> Feeling something bad is about to happen, anxiety, confusion	<p><b>OR A COMBINATION</b> of symptoms from different body areas.</p>

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1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they 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 them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

## MILD SYMPTOMS

 <b>NOSE</b> Itchy/runny nose, sneezing	 <b>MOUTH</b> Itchy mouth	 <b>SKIN</b> A few hives, mild itch	 <b>GUT</b> Mild nausea/discomfort
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**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

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**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.

## MEDICATIONS/DOSES

Epinephrine Brand: \_\_\_\_\_

Epinephrine Dose:  0.15 mg IM  0.3 mg IM

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

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

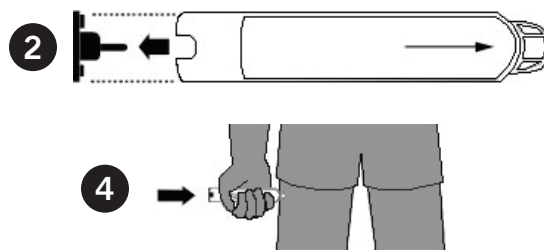
Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHYSICIAN/HCP AUTHORIZATION SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

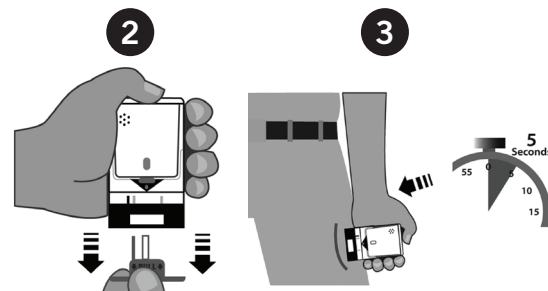
## EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



## AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



## ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



## OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

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

PHONE: \_\_\_\_\_

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

PHONE: \_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



EASTERN CHRISTIAN  
SCHOOL

**SELF-ADMINISTRATION OF MEDICATION IN SCHOOL**

**Request for Self-Administration of Prescription Medication**

*To be completed by Physician (please print)*

NAME OF STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

DOSAGE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

DIRECTIONS: \_\_\_\_\_

POSSIBLE SIDE EFFECTS: \_\_\_\_\_

OTHER MEDICATIONS USED AT HOME: \_\_\_\_\_

\_\_\_\_\_

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I certify that this student has asthma or another potentially life-threatening illness and is permitted to self-administer the above medication. He/she has been instructed in the proper techniques of self-administration and has demonstrated competence in this technique.

***Conditions under which self-administration will take place:***

\_\_\_\_ Under Supervision of School Nurse (or designated personnel)

\_\_\_\_ Independently (**child has been trained**)

***Medication should be:***

\_\_\_\_ Stored in Nurse's office    \_\_\_\_ In possession of student

\_\_\_\_\_  
Physician's Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Phone

**\*\*\*\*\*Other side must be filled out and signed by student and parent\*\*\*\*\***



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SCHOOL

## MEDICATION CONTRACT

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Medication \_\_\_\_\_

I understand that I will use this medication as directed by my physician. I will be responsible and discreet in using this medication and should have this medication **readily available**.

I have been instructed how to self-administer this medication and understand the side effects of improper use. This medication must be carried in the original labeled pharmacy container.

I will not share this medication with anyone else.

I understand that if I do not abide by these regulations, I may forfeit my right to carry and self-administer this medication.

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

### ***To be completed by parent:***

I give permission for my child to self-administer the medication described above. I will notify the school nurse if this medication is no longer required or if the physician no longer directs self-administration. The medication is to be provided by me in the original, labeled container. To my knowledge, my child is not allergic to this medication. I hereby release Eastern Christian School Association and its employees from any liability for injuries or other damages which may result to the student from administration of this medication. Eastern Christian is released from any liability should the student share this medication with another student.

\_\_\_\_\_  
*Parent's/Guardian's Signature*

\_\_\_\_\_  
*Date*

It is the policy of Eastern Christian School Association to apply New Jersey Public Law 2007, Chapter 57 in the following way:

The school will provide for the administration of epinephrine auto injection for certain students.

The school nurse or trained designated individual(s) are able to administer epinephrine in accordance with New Jersey Public Law 2007, Chapter 57. This may be facilitated as follows:

- The parent or guardian of the student has provided his/her written authorization for the administration and/or permits the self-administration of the epinephrine;
- The parent or guardian of the student has provided written orders from the primary health care provider that the student requires the administration of epinephrine and that a nurse or a trained designated individual(s) may administer the treatment, and/or the student has been instructed in and is capable of self-administration of epinephrine as certified in writing by their physician;
- The parent or guardian signs a statement acknowledging that all individuals involved shall have no liability as a result of any injury arising from the administration of the epinephrine and that the parent or guardian shall indemnify and hold harmless the individuals involved against any claims arising out of the administration of the epinephrine by a designee or by the student's self-administration;
- The parent or guardian has read this school policy on the administration of epinephrine and has signed the epinephrine acknowledgement form indicating his/her understanding and acceptance of the policy;
- It is the responsibility of the parent/guardian to provide a current pre-filled single dose auto-injector mechanism containing epinephrine in original box with prescription label from pharmacy attached; the epinephrine will be kept in a secure but unlocked location easily accessible by the school nurse and designees;
- The parent/guardian is responsible for replacing the pre-filled, single dose auto-injector mechanism containing epinephrine when it has expired and/or it has been used;
- Orders must be renewed yearly.

The school nurse or the designated individual(s) will be promptly available onsite at the school and school sponsored functions if a situation arises where a student experiences a severe allergic reaction/anaphylaxis. (911) will also immediately be called and the student will be transported to a medical health care facility after the administration of epinephrine, even if the student's symptoms appear to have resolved. Under no circumstances will epinephrine be administered if there is no order from a primary health care provider.