Midland Park Schools

PHYSICIAN'S ORDERS FOR ALLERGY EMERGENCY TREATMENT

Student's name _____Birth date_____Grade/Teacher_____

The above student is allergic to:_____

Previous episode of anaphylaxis ☐ Yes ☐ No

MEDICATIONS

ANTIHISTAMINE: Name_____ Dose_____

Give antihistamine for the following checked symptoms:

☐ Contact with allergen, but no symptoms
☐ Skin – hives, itchy rash, extremity swelling
☐ Lips – itching, tingling, burning or swelling of lips
☐ Head/neck – swelling of tongue, mouth, or throat, hoarseness, hacking cough, tightening of throat
☐ Gut – abdominal cramps, nausea, vomiting, diarrhea
☐ Lungs – repetitive cough, wheezing, shortness of breath
☐Heart – thready pulse, low blood pressure, fainting, pale or bluish skin
☐ Other_____

EPINEPHRINE: ☐ EpiPen ☐ EpiPen Jr. ☐ Other_____

Give epinephrine for the following checked symptoms:

☐ Contact with allergen, but no symptoms
☐ Skin – hives, itchy rash, extremity swelling
☐ Lips – itching, tingling, burning or swelling of lips
☐ Head/Neck – swelling of tongue, mouth, or throat, hoarseness, hacking cough, tightening of throat
☐ Lungs – repetitive cough, wheezing, shortness of breath
☐ Heart – thready pulse, low blood pressure, fainting, pale or bluish skin
☐ Other_____

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Choose one administration order:

Give Antihistamine only ☐ Give epinephrine only ☐ *Delegate will be assigned
Give Antihistamine & Epinephrine at same time ☐ *Delegate will be assigned
Give Antihistamine first, observe for further symptoms and give epinephrine PRN ☐

***Please note – in the absence of a school nurse, a trained delegate will give epinephrine. The antihistamine order can only be given by the nurse.**

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☐ This student has been trained and is capable of self-administration of the following medications(s) named above.
☐ Epinephrine – single dose unit ☐ Epinephrine & antihistamine – single dose units

***Under NJ State Law, orders for antihistamine alone cannot be self administered**

☐ This student is not capable of self-administration of the medications named above.

Physician's signature_____ Date_____

Phone number _____

STAMP

PARENTS/GUARDIANS

A current single dose Epinephrine auto-injector must be provided to the school for your child's use. All antihistamines and epinephrine must be brought to school by an adult and be provided in the original container.

Select one to sign and date:

1. I verify that my child _____has a potentially life threatening illness and **has been instructed in self-administration** of the prescribed medication in a life threatening situation. **I hereby give permission for my child to self administer prescribed medication**. I further acknowledge that the Midland Park School District shall incur no liability as a result of any injury arising from the self-administration of medication by my child. If procedures specified by NJ law and the Midland Park School District policy are followed, I shall indemnify and hold harmless the Midland Park School District and it's employees or agents against any claims arising out of self administration of medication by my child.

   _____ _____
   Signature of Parent/Guardian Date

2. I verify that my child _____has a potentially life threatening illness and is **unable to self-administer** the prescribed medication in a life threatening situation. I hereby request the school nurse or delegate (if applicable) to administer the prescribed medication to my child. I further acknowledge that the Midland Park School District shall incur no liability as a result of any injury arising from administration of the medication to my child. If procedures specified by NJ law and the Midland Park School District policy are followed, I shall indemnify and hold harmless the Midland Park School District and it's employees or agents against any claims arising out of administration of medication to my child.

   _____ _____
   Signature of Parent/Guardian Date

Please Sign

I understand that under NJ State Law, a trained delegate will be assigned to administer epinephrine to my child **in the absence of a school nurse**. Antihistamines may not be given by a delegate. In the absence of a school nurse, any antihistamine order will be disregarded and epinephrine will be administered by a trained delegate.

_____ _____
Signature of Parent/Guardian Date

SCHOOL USE ONLY

_____ _____
Signature of Principal Date Signature of School Nurse Date