



UNION TOWNSHIP PUBLIC SCHOOLS
UNION, NEW JERSEY

NOTICE REGARDING LIFE-THREATENING ALLERGIES

School Year _____ - _____

Dear Parent/Guardian of _____

It has been reported that your child has an allergic condition which may cause a life-threatening reaction (anaphylaxis).

This notice serves to inform you about the existing law and requests your cooperation in meeting with the school nurse to discuss this matter and ensure your child's health and safety.

Public Law 1997, c.368 (N.J.S.A. 18a:40-12.5 and 12.6) was adopted to protect and treat students with life threatening allergies. This law requires school personnel to be aware of anaphylaxis; its causes, signs, and symptoms, and what action to take if an anaphylactic reaction occurs. The law also allows a certified school nurse to designate and train a willing CPR-certified employee to administer epinephrine via a single-dose auto-injector when the school nurse is not immediately available and the student does not have the capability for self-administration. The designee is not qualified to assess progression of symptoms and the status of the child; therefore, by law, the designee cannot administer oral medications such as Benadryl. ***The school district, it's employees or agents shall have no liability as a result of any injury arising from the proper administration of the epinephrine auto-injector to or by your child.***

Enclosed are documents for you and your child's healthcare provider to complete and sign. Please return these forms to the school nurse. In addition, you must submit the pre-filled Epinephrine Auto-Injector. The permission for administration of the epinephrine auto-injector is effective for the school year for which it is granted and must be renewed each school year by resubmission of and completion of the attached documents.

Thank you for your prompt attention to this matter.

Sincerely,

Nurse's Signature

Enc.

TOWNSHIP OF UNION PUBLIC SCHOOLS

Epinephrine Auto Injector Consent

I give permission for the school nurse to designate trained Epinephrine delegates for my child _____ in the absence of the school nurse or substitute nurse.

I further agree to indemnify and hold harmless the Union Public School District and school employees from any claims arising from administration of the Epinephrine Auto-injector to or by my child.

In addition to this authorization, I am submitting:

1. The signed Allergy and Anaphylaxis Emergency Care Plan.
2. The signed Allergy Reaction Interview form.
3. A current, pre-filled single dose Epinephrine Auto-Injector.

I have been informed and understand that the Union Public School District has no liability as a result of any injury arising from the proper administration of the Epinephrine Auto-Injector used for the emergency administration of Epinephrine to or by my child for anaphylaxis.

I have been informed and understand that the permission for the emergency administration of Epinephrine via auto-injector to pupils for anaphylaxis is effective for the school year it is granted and must be renewed for each subsequent school year.

Please Print Name _____

Parent/Guardian's Signature _____ Date _____

ALLERGY REACTION INTERVIEW

_____ School

Student's Name _____ Grade _____ DOB _____

History of allergic reaction to: _____

1. Date of most recent reaction _____
2. Type of reaction (symptoms/problems: i.e. hives, swelling of face, difficulty breathing, etc.) _____
3. What treatment/medication was given (i.e. emergency room, EpiPen, admitted to hospital)? _____
4. Did the doctor prescribe medication for future exposures (i.e. accidental eating of allergic food or allergic reaction to bee sting)?

_____ No _____ Yes Name of medication _____

5. Were there previous reactions to the allergens listed above? No _____ Yes _____

Please give dates and reactions.

Date _____ Reaction _____
(Please use back of this page for additional reactions)

6. Does the student have any additional allergies or asthma? No _____ Yes _____

7. May we share this information with staff who need to know? No _____ Yes _____

8. Does the student:

_____ have knowledge of the known allergy?

_____ know the name of the medication?

_____ have the ability to self-administer?

_____ wear a Medic-alert bracelet or necklace?

9. Can the student make his/her own food choices? No _____ Yes _____

Parent/Guardian's Name _____ Signature _____

Nurse's Signature _____ Date of Interview _____

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergic 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 allergens: _____

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for ANY symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders 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 patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.**

**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 or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

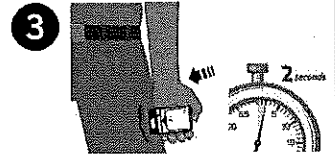
Antihistamine Dose: _____

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



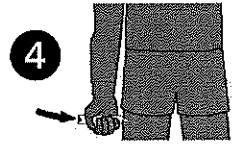
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



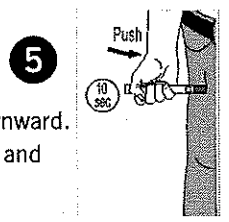
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



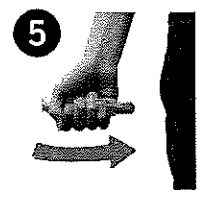
HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



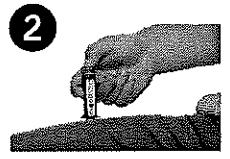
HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

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 worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____
 DOCTOR: _____ PHONE: _____
 PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____
 NAME/RELATIONSHIP: _____ PHONE: _____
 NAME/RELATIONSHIP: _____ PHONE: _____