

Cranford Public Schools
Allergy Action Plan

This form must be completed by a physician and signed by the parent annually for any student requiring epinephrine while in school or at a school sponsored event.

Name: _____ DOB: _____ Grade: _____

ALLERGY TO: _____ ASTHMATIC: YES * _____ NO _____ (* Higher risk for severe reaction)

TREATMENT - To be completed by physician:

Body Location	Symptoms Severity can change quickly !	Give Checked Medicine	Give Checked Medicine
		EPINEPHRINE	ANTIHISTIMINE
	If food allergen has been ingested or student has been stung by an insect (if order is for insect sting allergy) but, has no symptoms		
Mouth	Itching, tingling or swelling of lips, tongue or mouth		
Skin	Hives, itchy rash, swelling on face or extremities		
Gut	Nausea, abdominal cramps, vomiting, diarrhea		
General	Panic, sudden fatigue, chills, fear of impending doom		
Throat †	Tightening of throat, hoarseness, hacking cough		
Lung †	Shortness of breath, repetitive coughing and wheezing		
Heart †	Thready pulse, passing out, fainting, pale, blueness		

† Potentially life threatening

MEDICATION & DOSAGE

Epinephrine - Inject intramuscularly: (circle one)

Epipen - 0.3 mg
Twinjet - 0.3 mg

Epipen Jr. - 0.15 mg
Twinjet - 0.15 mg

Antihistamine - Medication, Dose and Route: _____

CALL 911: State a student had a severe allergic reaction and additional epinephrine may be needed. Please send paramedics. Transport to the nearest hospital. Call the parents.

TREATMENT BY A DELEGATE WHEN A NURSE IS NOT PRESENT: State regulations allow the school nurse to designate and train employees who volunteer to administer epinephrine to a student who has anaphylaxis when a nurse is not physically present at the scene.

_____ **DELEGATE ORDER:** For exposure and symptoms of anaphylaxis, delegates are to administer prescribed auto-inject epinephrine.

_____ **DO NOT** delegate this student's order.

TREATMENT BY STUDENT (Self Administration) - check all that apply:

State regulations allow the student to self-administer medications for life threatening illnesses provided proper procedures are followed.

_____ This student has a potentially life threatening allergy and will carry epinephrine at all times in school or when attending a school sponsored event.

_____ This student understands and has been instructed and is capable of the proper technique of self administration of the prescribed medication. (Epinephrine)

_____ This student may carry and self administer one (1) prescribed, pre-measured dose of antihistamine

_____ The student is aware that he/she must report any suspected exposure to allergen, any signs of allergic reaction and any use of prescribed medication immediately.

Physician Signature

Date

Physician Stamp

Cranford Public Schools

Parental Consent for Administration of Epinephrine

I permit the following designated person(s) to administer Epinephrine, in an emergency, to my child in the absence of the school nurse: Please note the delegates are subject to change. You will be notified if there are any changes in delegates.

LOCATION OF EPINEPHRINE:

_____ With Student
_____ With Nurse
_____ Other

Legal Statement from the Cranford Board of Education:

I/We expressly grant the Cranford Board of Education school nurses or designee(s) with the authority to administer epinephrine to the named student via an epi-pen or other pre-filled auto-injector mechanism. I/We hereby acknowledge and understand that upon following Board protocol the Cranford Board of Education its employees and agents shall have no liability as a result of any injury arising from the administration of the epi-pen or other pre-filled auto-injector mechanism by the school nurse or designee(s) to the named student. I/We acknowledge and understand that the Cranford Board of Education, its employees and agents shall be indemnified and held harmless against any and all claims arising out of the administration of the epi-pen or other pre-filled auto injector mechanism to the named student, including but not limited to all liability for any injuries that may result from the administration of such medication. I/We acknowledge and understand that the Cranford Board of Education, its employees, and agents shall be indemnified and held harmless against any and all claims arising out of the named student's self-administration of the epi-pen or other pre-filled auto-injector mechanism, including but not limited to all liability for any injuries that may result from the administration of such medication.

Parent Signature: _____ Date: _____
Print Name: _____

Emergency Contact Information:

Doctor Phone: _____ Parent Home Phone: _____
Mother Work Phone: _____ Cell Phone: _____
Father Work Phone: _____ Cell Phone: _____
Other Emergency Contact: Name: _____ Phone: _____