

Old Bridge Township School District

Physician's Orders for Allergy Emergency Treatment
Emergency Health Care Plan

_____ - _____ School Year

Teacher/Grade: _____

Student's Name: _____

DOB: _____

The above student is allergic to: _____

Previous episode of anaphylaxis: Yes No

Previous episode of Asthma: Yes No

MEDICATIONS

EPINEPHRINE AUTO INJECTOR

(0.3 mg) (0.15 mg) Other _____

Give epinephrine for the following symptoms:

- Contact with allergen, but no symptoms
- Skin – hives, itchy rash, extremity swelling
- 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 – thread pulse, low blood pressure, fainting, pale or bluish skin
- Other: _____

PLEASE NOTE: In the absence of a school nurse, if available, a trained delegate will give epinephrine if indicated by the above symptom checklist. If there is NO NURSE OR DELEGATE, 911 WILL BE CALLED IMMEDIATELY. In the absence of a school nurse no medication will be given for non-life threatening symptoms only requiring an antihistamine and parents will be called.

This student has been trained and is capable of self-administration of Epinephrine (single does unit).

-OR-

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

Physician's signature _____

Physician's Phone No. _____

Date _____

Stamp _____

Emergency Calls:

1. Call 911 – State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Call Parents and/or Contacts:

Mother's Name _____
Father's Name _____
Alternate's Name _____

Phone Number _____
Phone Number _____
Phone Number _____