

THE SCHOOL DISTRICT OF THE CHATHAMS  
**Allergy Action Plan/  
 Authorization for Emergency Treatment**

Place  
 Child's  
 Photo  
 Here

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

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

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

**Extremely reactive to the following;** \_\_\_\_\_  
**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.

**Any SEVERE SYMPTOMS after suspected or known ingestion:**

**One or more** of the following:  
 LUNG: Short of breath, wheeze, repetitive cough  
 HEART: Pale, blue, faint, weak pulse, dizzy, confused  
 THROAT: Tight, hoarse, trouble breathing/swallowing  
 MOUTH: Obstructive swelling (tongue and/or lips)  
 SKIN: Many hives all over body

Or **combination** of symptoms from different body areas:  
 SKIN: Hives, itchy rashes, swelling (e.g. eyes, lips)  
 GUT: Vomiting, diarrhea, crampy pain



1. **INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:\*  
 --Antihistamine  
 --Inhaler (bronchodilator) if asthma

\*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

**MILD SYMPTOMS ONLY:**

MOUTH: Itchy mouth  
 SKIN: A few hives around mouth/face, mild itch  
 GUT: Mild nausea/discomfort



1. **GIVE ANTIHISTAMINE**
2. Stay with student; alert healthcare professionals and parents
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

**Medications/Doses**

Epinephrine (brand and dose): \_\_\_\_\_

Antihistamine (brand and dose): \_\_\_\_\_

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

**Monitoring**  
 Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. As second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, keep student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto injection technique.

Physician's Stamp

Parent waiver of liability (Required by New Jersey P.L. 2015, c. 13) : I understand that the School District of the Chathams shall incur no liability as a result of any injury arising from the administration of epinephrine to our child and that I indemnify and hold harmless the district and its employees against any claims arising out of administration of epinephrine to our child.

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

\_\_\_\_\_  
 Parent's Signature Date

## Directions for Administering the EpiPen™

### TO USE AUTO-INJECTOR:

1. Grasp unit with the orange tip pointing downward.
2. Form fist around the unit (orange tip down).



3. With your other hand, pull off the blue safety release.



4. Hold orange tip near outer thigh.

**DO NOT INJECT INTO BUTTOCK.**



5. Swing and **firmly push** against outer thigh until it clicks so that unit is perpendicular (at 90° angle) to the thigh.

**(Auto-injector is designed to work through clothing.)**

6. Hold **firmly against thigh** for approximately 10 seconds to deliver drug. (The injection is now complete. The window on auto-injector will be obscured.)

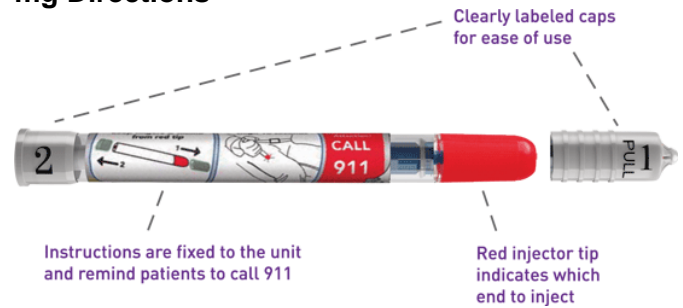


7. Remove unit from thigh (the orange needle cover will extend to cover needle) and massage injection area for 10 seconds.

8. Call 911 and seek immediate medical attention.

## Directions for Administering the Adrenacllick™

### Adrenacllick™ 0.3 mg and Adrenacllick™ 0.15 mg Directions



**Remove GREY caps labeled “1” and “2.” Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove .**

Call 911 and seek immediate medical attention.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

All medications must accompany the student if he/she is off school grounds on a field trip.

### Other Emergency Contacts:

Name/Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_