

**CHERRY HILL PUBLIC SCHOOLS**  
Cherry Hill, New Jersey  
**Administration of Epinephrine for Life Threatening Allergic Reactions**

**General Information:**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency and Physician Contacts:**

Emergency Contact #1 \_\_\_\_\_  
Name Relationship Phone

Emergency Contact #2 \_\_\_\_\_  
Name Relationship Phone

Emergency Contact #3 \_\_\_\_\_  
Name Relationship Phone

Physician for Allergy Treatment \_\_\_\_\_  
Name Phone

ALLERGY TO: \_\_\_\_\_

Asthmatic: Yes \_\_\_\_\_ No \_\_\_\_\_

**SIGNS OF AN ALLERGIC REACTION INCLUDE**

|                 |   |
|-----------------|---|
| <b>Systems:</b> | <b>Symptoms:</b>  |
| MOUTH           | itching & swelling of the lips, tongue or mouth                                 |
| THROAT*         | itching and/or a sense of tightness in the throat, hoarseness and hacking cough |
| SKIN            | hives, itchy rash and/or swelling about the face or extremities                 |
| GUT             | nausea, abdominal cramps, vomiting and/or diarrhea                              |
| LUNG*           | shortness of breath, repetitive coughing and/or wheezing                        |
| HEART*          | "thready" pulse, drop in blood pressure or loss of consciousness                |

The severity of symptoms can quickly change. \*All above symptoms can potentially progress to a life-threatening situation

**ACTION:**

1. School Nurse to proceed directly to the symptomatic student with emergency medicine in hand
2. For accidental ingestion or exposure to \_\_\_\_\_ or stung by \_\_\_\_\_
3. Administer medication as per physician orders and notify parent/guardian.
4. If EPIPEN administered assure 911 has been called and notify building Principal.
5. Record the time, dose, medication and any changes in student's condition.

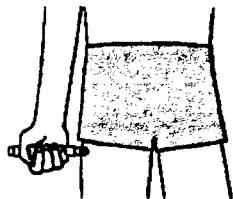
**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL 911**

**EPIPEN® AND EPIPEN® JR. DIRECTIONS**

1. Pull off gray activation cap.



2. Hold black tip near outer thigh (always apply to thigh)



3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions.
  - Hold in place and count to 10. The EpiPen unit should then be removed and taken with student to the Emergency Room. Massage the injection area for 10 seconds.

**ROLE OF PARENT/GUARDIAN**

The parent/guardian of the pupil must provide to the district Board of Education:

- Written orders for the administration of a pre-filled auto-injector mechanism containing epinephrine from the pupil's physician.
- Written authorization form for the emergency administration of Epinephrine by Unlicensed Personnel for Life Threatening Allergic Reactions from the pupil's physician.
- If applicable, authorization form for self-administration of medication by pupil from the pupil's physician.

**Parents/Guardian Statement:**

1. In the event that our child named above, experiences potentially life-threatening symptoms to his/her allergic condition as described by his/her physician on the attached physician's order, we authorize the emergency administration of epinephrine via epi-pen by the school nurse, and in her absence by a registered nurse, or an employee designated by the school nurse in consultation with the Cherry Hill Township Board or Education Administration, who is properly trained in the administration of the epi-pen.

2. We acknowledge our understanding that if the School District's procedures for the emergency administration of the epi-pen are followed, the Cherry Hill Township Board of Education collectively and individually, as well as its employees and agents, shall have no liability as a result of any injury arising from the administration of the epi-pen to our child.
3. We indemnify and hold harmless the Cherry Hill Township Board of Education, collectively and individually, as well as its employees and agents, against any claims arising out of the administration of the epi-pen to our child.
4. Permission for the emergency administration or the epi-pen to our child is granted for the \_\_\_\_\_ school year.  
(Current school year only)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

Must be updated/received every school year.