CHERRY HILL PUBLIC SCHOOLS
ADMINISTRATION OF EPINEPHRINE FOR LIFE THREATENING ALLERGIC REACTIONS

Student's Name _____ Grade/Team/Graduation Year _____

ALLERGY TO: _____

ALLERGY WHEN: *Circle all that apply* Exposure Ingestion Stung By

Middle & High School Students Only*

Is an EPI-PEN Required? YES NO Does this child carry an EPI-PEN? YES NO

Does this child have asthma? YES NO Does this child carry an inhaler? YES NO

Check off the appropriate symptoms the school nurse, or the delegate should administer epinephrine in the dose indicated below. Physician orders must note the specific symptoms and/or events as to when the delegate should administer the epinephrine.

_____	MOUTH	Itching or swelling of the lips, tongue or mouth
_____	PULMONARY	Itching and/or a sense of tightness in the throat, hoarseness, hacking cough, repetitive coughing and or wheezing, shortness of breath
_____	SKIN	Hives, itchy rash and/or swelling about the face or extremities
_____	DIGESTIVE	Nausea, abdominal cramps, vomiting and/or diarrhea
_____	CARDIAC	Thready pulse, fainting, paleness, blueness

_____ If a food allergen has been ingested, but has no symptoms.

_____ If stung or bitten by an insect, but has no symptoms.

If any of the above checked situations occur, give the following epinephrine auto-injector intramuscularly in the thigh:

_____ Epi-Pen Jr. 0.15mg _____ Epi-Pen 0.3mg _____ Twinject Jr. 0.15mg _____ Twinject 0.3mg

After the administration of epinephrine, the school nurse/delegate will call 911, monitor the student, and perform CPR if certified.

Please indicate if you give permission for the school nurse/delegate to administer a second dose of epinephrine if the student does not respond to the first dose.

_____ Yes, if no response in _____ minutes. _____ No, do not give a second dose.

Additional Medication Orders for Life Threatening Allergic Reactions:

Name of Medication	Dosage	Comments

New Jersey P.L. 2007, Chapter 57—this law is for auto-injectable epinephrine to be given by an unlicensed volunteer personnel [i.e., delegate] in the absence of medical personnel. Orders such as "give Benadryl first, followed by Epi-pen" will not be allowed under this law. Only medical personnel can make the physical assessment necessary to carry out such an order.

Physician's Signature _____

Physician's Name (print) _____

Phone _____

Date _____

Physician's Stamp

"Physician" refers to all Health Care Providers licensed as MD, DO, APN, and PA

COMPLETE BOTH SIDES

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Parent/Guardian Statement

Initials

_____ In the event that my child, named above, experiences potentially life-threatening symptoms to his/her allergic condition as described by the physician on the phyician's order (reverse side), I authorize the emergency administration of epinephrine via auto-injector by the school nurse, and in her absence by a registered nurse, or an employee designated by the school nurse, referred here as the delegate, in consultation with the Cherry Hill Board of Education Administration, who has been properly trained to do

_____ I acknowledge my understanding that if the School District's procedures for the emergency administration of the epinephrine auto-injector are followed, the Cherry Hill 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 epinephrine auto-injector to my child.

_____ I indemnify and hold harmless the Cherry Hill Board of Education, collectively and individually, as well as its employees and agents, against any claims arising out of the administration of the epinephrine auto-injector to my child.

_____ Permission for the emergency administration for the epinephrine auto-injector to my child is granted for the current school year.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Print Name _____

School Nurse Signature _____ Date _____

This form must be updated/received every school year.

* If the above named child, who is either in middle or high school, is to carry on their person or with their belongings AND self-administer an epinephrine auto-injector and/or asthma inhaler, the District AUTHORIZATION FOR SELF-ADMINISTRATION OF ASTHMA INHALER AND/OR EPINEPHRINE MEDICATION ONLY BY PUPIL form must be completed by both the parent and the physician.

COMPLETE BOTH SIDES