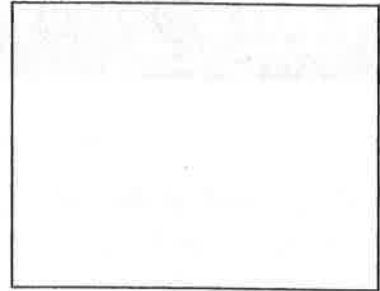


**Physician's Orders/Allergy Action Plan
HANOVER TOWNSHIP SCHOOLS**



Student's Name: _____ DOB ___/___/___ Weight _____ lbs.

Allergy To: _____

Dr. _____ Asthmatic: Yes _____ No _____
(Print)

STEP 1: TREATMENT

Teacher: _____

Symptoms:	Give checked medication**(physician authorizing treatment)	
If a food allergen has been ingested but no symptoms	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Mouth: Itching, tingling, or swelling of lips	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Skin: Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Gut: Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Throat †: Itching&/or tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Lung †: Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Heart †: Thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Other: Feeling something bad is about to happen, anxiety, confusion	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
Swelling of tongue or mouth †	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
If reaction is progressing (several of the above affected) give	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

The severity of symptoms can quickly change. † Potentially life-threatening.

EPINEPHRINE

ANTIHISTAMINE

<input type="checkbox"/> Epi Pen 0.3 mg	<input type="checkbox"/> Epi Pen 0.15 mg	(Medication/Dose)
<input type="checkbox"/> Auvi-Q 0.3 mg	<input type="checkbox"/> Auvi-Q 0.15 mg	Time of Administration:

**Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur.

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call Dr. _____ # _____
3. Emergency contacts

Name/Relationship	Phone Number(s)
A. _____	1.) _____ 2.) _____
B. _____	1.) _____ 2.) _____

TREATMENT BY DELEGATE WHEN A NURSE IS NOT PRESENT

P.L. 2007, c57 directs that the school nurse shall designate additional employees of the school district who volunteer to administer epinephrine to a student who has anaphylaxis when a nurse is not physically present at the scene.

Please Note: Since delegates cannot administer an antihistamine, in the absence of a school nurse or when on a field trip, a trained delegate will give epinephrine only and any antihistamine order will be disregarded.

TREATMENT BY STUDENT (SELF-ADMINISTRATION) (Please check one)

- ____ Student is **NOT** capable of self-administration
- ____ Student **IS** capable of self-administration has been instructed in its use & may carry an epinephrine auto-injector

Parent Signature /Date _____ Physician Signature/Date _____

HANOVER TOWNSHIP PUBLIC SCHOOLS
Emergency Administration of Epinephrine

PARENTS' /GUARDIANS' AUTHORIZATION

_____	_____	_____
Pupil's Name	Date of Birth	Grade

Allergic Condition		

Parents'/Guardians' Statement

1. In the event that our child, named above, experiences potentially life-threatening symptoms related to his/her allergic condition as described by his/her physician, we authorize the emergency administration of epinephrine by a pre-filled auto-injector by the school nurse, and in her absence by a registered nurse, or an employee designated by the school nurse in consultation with the Hanover Township Board of Education who is properly trained in the administration of epinephrine auto-injection to our child.
2. We acknowledge our understanding that if the procedures for the emergency administration of epinephrine are followed, the Hanover 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 epinephrine to our child.
3. We indemnify and hold harmless the Hanover Township Board of Education, collectively and individually, as well as its employees and agents against any claims arising out of the emergency administration of epinephrine to our child.
4. We understand that our child will be transported to the hospital Emergency Room after the administration of epinephrine even if the child's symptoms have resolved.
5. We understand that the School Nurse will be available during school hours and may be available at school-sponsored events in case of an allergic reaction. The trained designee will be available during school hours and at school-sponsored events. We realize that it is our responsibility to inform the nurse in a timely manner of the school-sponsored events in which our child will participate.
6. Permission for the emergency administration of epinephrine to our child is granted for the 2017-2018 school year.
7. We agree to have *(see below) trained as the epinephrine designee and understand that the designee, by law, cannot administer any other medication.
8. As Parent/Guardian of the above named student I hereby authorize the release of pertinent medial information to be exchanged among appropriate professional staff involved in the care of my child. This consent is valid for the school year and is intended to allow the staff to better serve my child.
9. I have read the Emergency Health Care Plan for my child and give my permission for its implementation.

Signature of Parent/Guardian/Date

Signature of Parent/Guardian/Date

- *1) Homeroom Teacher
- 2) Teacher-in-Charge
- 3) Principal-Mr. Camean
- 4) HTSACC Employee (if applicable)