

Monroe Township Board of Education
423 Bucklew Avenue
Monroe Township, NJ 08831

Dear Parent/Guardian:

Our records indicate that your child has an allergy. If your child requires medication for this condition, please have the proper forms filled out by their physician and returned with any medication to the health office as soon as possible.

If no medication is needed, please check the appropriate place on the bottom of this form.

If your child does require medication and you would like a delegate please check the appropriate place as well.

Please return this form to the high school before the due date.

If you have any questions please call (732) 521-2882 x6005

_____ My child does not have a food, bee, or other allergy.

_____ My child does have a food, bee, or other allergy and does require medication for it.

_____ My child does have a food, bee, or allergy and requires medication for it and I do NOT want a delegate

_____ My child does have a food, bee, or other allergy which requires medication and I would like information in reference to a delegate that can administer the epinephrine injectable if my child is unable to and the nurse is not available.

Student's Name: _____

Student's Grade: _____

Parent/Guardian Signature: _____ Date: _____

Food Allergy Action Plan

Emergency Care Plan

Place
Student's
Picture
Here

Name: _____ D.O.B.: ____ / ____ / ____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

Student may Self-administer medication Yes No Effective Date: _____

Extremely reactive to the following foods: _____

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 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 parent

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): _____

Parent/Guardian Signature

Date

Physician/Healthcare Provider Signature

Date

() _____ - _____

Phone

Physician Stamp Below

Contacts

Parent/Guardian: _____ Phone: () _____ - _____

Other Emergency Contacts

Name/Relationship: _____

Phone: () _____ - _____

Name/Relationship: _____

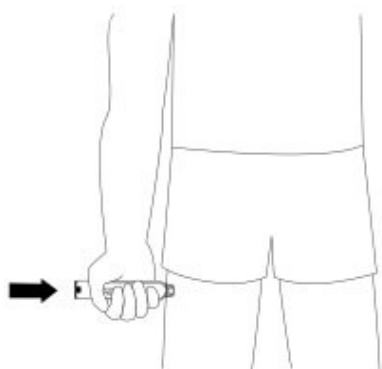
Phone: () _____ - _____

EpiPen® (epinephrine) Auto-Injector Directions

- First, remove the EpiPen® (epinephrine) Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.

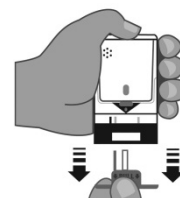
Remove EpiPen® (epinephrine) Auto-Injector and massage the area for 10 more seconds.



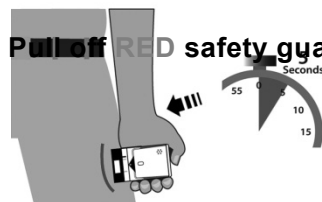
EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Mylan Inc. licensed exclusively to its wholly-owned subsidiary, Mylan Specialty L.P.

Auvi-Q™ (epinephrine injection, USP) Directions

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.



Pull off RED safety guard.



Place black end against outer thigh, then press firmly and hold for 5 seconds.

Auvi-Q™
epinephrine injection, USP
0.15 mg/0.3 mg auto-injectors

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Adrenaclick® 0.3 mg and Adrenaclick® 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.

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.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

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. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See above for auto-injection technique.