Tabernacle School District
Healthcare Provider's Orders for Allergy Emergency Treatment

Student's name_____Grade/Teacher/HmRm _____

The above student is allergic to:

_____

Type of Reaction in the Past (please circle) cutaneous respiratory eye/nasal
cardiac gastrointestinal other- please specify_____

Date of Reaction_____**Anaphylaxis** Yes No **Hospitalized** Yes No
If anaphylactic to a food, student should only consume food or drinks provided by parent/guardian.

Skin Testing Yes No **In Vitro Testing** Yes No

Asthmatic Yes* No *Higher risk for severe reaction Child wears MEDICAL ALERT bracelet

MEDICATIONS

****PLEASE NOTE: The School Nurse by law may administer any medication with medical provider's orders and parental consent, but trained non-medical designees, who may give emergency treatment in the School Nurse's absence, are NOT permitted by law to administer any medications other than epinephrine via auto-injector mechanism.**

School Nurse or designee: Give epinephrine for the following checked symptoms:

☐ Contact with allergen, but no symptoms
☐ Skin – hives, itchy rash, extremity swelling
☐ Lips – itching, tingling, burning, or swelling of lips
☐ Head/neck – swelling of tongue, mouth, or throat, hoarseness, hacking cough, tightening of throat
☐ Gut – abdominal cramps, nausea, vomiting, diarrhea
☐ Lungs – repetitive cough, wheezing, shortness of breath
☐ Heart – thready pulse, low blood pressure, fainting, pale or bluish skin
☐ Other

_____

Epinephrine: Inject intramuscularly:

(Brand & Dosage):_____

Epinephrine may be repeated in _____minutes (2 doses must be provided by parent)

TREATMENT BY A DELEGATE WHEN A NURSE IS NOT PRESENT :
N.J.S.A. 18A:40-12.6 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.

A Delegate may give one dose of auto-injector epinephrine. After giving epinephrine, call 911, parent, and healthcare provider.

Healthcare provider's initals_____

****Please complete other side!**

Student's name_____Grade/Teacher/HmRm _____

ANTIHISTAMINE: Medication _____ Dose _____

School Nurse only: Give antihistamine for the following checked symptoms:

☐ Contact with allergen, but no symptoms
☐ Skin – hives, itchy rash, extremity swelling
☐ Lips – itching, tingling, burning, or swelling of lips
☐ Head/neck – swelling of tongue, mouth, or throat, hoarseness, hacking cough, tightening of throat
☐ Gut – abdominal cramps, nausea, vomiting, diarrhea
☐ Lungs – repetitive cough, wheezing, shortness of breath
☐ Heart – thready pulse, low blood pressure, fainting, pale or bluish skin
☐ Other

_____

OTHER INSTRUCTIONS

_____

TREATMENT BY STUDENT (SELF-ADMINISTRATION) (Please check all that apply):

N.J.S.A. 18A:40-12.3 directs that a student may be permitted to self-administer medications for potentially life threatening illness provided proper procedures are followed.

_____This student has a potentially life-threatening allergy and will carry epinephrine at all times in school or when attending a School-sponsored event.

_____This student understands, has been instructed, and is capable of the proper technique of self administration of the prescribed medication(s).

_____This student is aware that he/she must report any suspected exposure to allergen, any signs of allergic reaction, and any use of prescribed medication to an adult immediately.

☐ This student has been trained and is authorized to self-administer the following medication(s) named above. ☐ epinephrine – single dose unit ☐ antihistamine – single dose unit to be taken along with epinephrine

* **PLEASE NOTE** – Antihistamine may only be self administered when ordered to be given at same time as epinephrine.

☐ This student is not authorized to self-administer the medication(s) ordered.

Healthcare Provider's signature _____**Date**_____

Print Provider's name _____**Office phone**_____

Healthcare Provider's Stamp (below)