

Saint Dominic School of Brick

Emergency Health Care Plan and Medication Orders for Life Threatening Allergies

Student Name: _____ Date of Birth: _____ School Year: _____

List all allergies: _____ Asthmatic: Yes / No

INSTRUCTIONS: Parents submit this form to the School Nurse at the beginning of every new school year.

STEP 1: TREATMENT - to be completed by Physician

<u>Symptoms:</u>	<u>Give Checked Medication</u> (to be determined by physician)	
If exposure to an allergen occurs, but <i>no symptoms</i>	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• Mouth Itching, tingling, or swelling of lips, tongue, mouth	<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* Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• Lungs* Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• Heart* Weak or thready pulse, low blood pressure, fainting, pale, cyanosis	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• Other* _____	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
• If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

*Potentially life threatening. The severity of symptoms can quickly change.

DOSAGE (circle one):

Epinephrine - inject intramuscularly (**circle one**) **Epinephrine 0.15mg IM Junior** **Epinephrine 0.3mg IM**

Antihistamine - give (medication/dose/route): _____

Other - give (medication/dose/route): _____

Additional Orders (self-carry, self-administer, inhalers, nebulizers): _____

IMPORTANT: Inhalers and/or antihistamines cannot be depended on to replace epinephrine in treatment for anaphylaxis.

STEP 2: EMERGENCY CALLS - to be completed by Parent/Guardian

1. Call 911 for Rescue Squad and ask for Advanced Life Support - state that an allergic reaction has been treated.

2. Call Emergency Contact(s)

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

3. Healthcare Provider: _____ Phone: _____

4. Preferred Hospital: _____ Phone: _____

Physician Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

CONTINUED ON BACK

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EPINEPHRINE ADMINISTRATION AND SUPPLY

Saint Dominic School abides by state stock epinephrine laws. I understand and agree I am responsible for supplying the school with a physician order, allergy plan, and a current supply of medications prescribed by the physician in this plan including but not limited to epinephrine delivery devices and antihistamine medications, in their original packaging, and will replace them when they expire.

DELEGATE ADMINISTRATION

I understand the school nurse, when available, is responsible for emergency care for my child. The nurse may designate and train another volunteer staff member to administer ONE-DOSE of epinephrine in the absence of the school nurse. **Antihistamines and 2nd dose of epinephrine cannot be given by any unlicensed designee.**

Trained Delegates:

Mara Tiernan

Catherine Turnbach

CARRYING MEDICATION

I understand that my child may self- carry an emergency dose of epinephrine with a doctor's order.

FIELD TRIPS

Emergency medications must accompany the student on field trips due to inherent risk for allergen exposure. If the student is not authorized by a physician and parent to self-carry and self-administer their medication, the school nurse will make a good faith effort in training a volunteer designee to carry and administer one dose of emergency epinephrine. If a designee is unavailable, a parent may accompany as chaperone or authorize a responsible adult to attend the trip who is willing and able to carry/administer emergency epinephrine.

BEFORE AND AFTERCARE

Please indicate if this Emergency Plan and Medication Order may be used in before/after care: ☐ Yes ☐ No ☐ N/A

MEALTIMES

Saint Dominic School recognizes that food allergies exist across the food spectrum, but due to the volume of nut allergies, we ask all parents refrain from sending any peanut/tree nut containing products into the classrooms for in-class lunches and snacks. However, when the children are in the cafeteria, there is a much greater possibility for cross-contamination. As such, Saint Dominic School offers separate seating for students *with* allergies in the cafeteria. **Please indicate your preference below:**

- ☐ Yes, my student will sit at a table separate from their classmates in the cafeteria
☐ No, my child will remain at the same table as their classmates in the cafeteria

AFTERSCHOOL SPORTS

Parents/Guardians are strongly encouraged to attend practices/games if your child has been prescribed epinephrine. Any student athletes prescribed an epinephrine delivery device should carry a supply while engaging in sport activities. It is the parent's/guardian's responsibility to make sure coaches are aware of the exact location of any emergency medications.

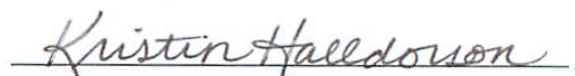
PARENT RELEASE AND INDEMNIFICATION

This release is given by the parents/guardians on behalf of their minor child to Saint Dominic School to administer epinephrine medication as prescribed by a physician through an epinephrine delivery device as indicated for allergic reaction by the school nurse or a delegate trained by the school nurse. The parents/guardians understand that the school, its employees, and agents will have no liability as a result of any injury arising from the administration or failure to administer epinephrine to the student. The parents/guardians indemnify and hold harmless Saint Dominic School, Saint Dominic Parish, employees, and agents from and against claims arising out of the administration or failure to administer epinephrine in a pre-filled epinephrine device to a student.

Parent/Guardian Signature: _____ **Date:** _____



Mara Tiernan - Principal



Kristin Halldorson, BSN, RN - School Nurse