## **PHYSICIAN'S ORDERS FOR ALLERGY EMERGENCY TREATMENT**

| Student's Name   | Birth Date   | Grade   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| The above student is allergic to:  |  |   |  |  |  |  |  |
| Previous episode of anaphylaxis  | □No  |   |  |  |  |  |  |
| MEDICATIONS ANTIHISTAMINE: Name  |  | Dose  |  |  |  |  |  |
| Give antihistamine for the following checked  Contact with allergen, but no symptoms  Skin – hives, itchy rash, extremity swellin  Lips – itching, tingling, burning, or swellin  Head/neck – swelling of tongue, montightening of throat  Gut – abdominal cramps, nausea, vomitin  Lungs – repetitive cough, wheezing, should heart – thready pulse, low blood pressur  Other   | ng<br>ing of lips<br>buth, or throat,<br>ng, diarrhea<br>rtness of breath<br>e, fainting, pale   | or bluish skin  |  |  |  |  |  |
| EPINEPHRINE: EpiPen EpiPen EpiPen J  | r. 🔲 Otho  | er  |  |  |  |  |  |
| 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  *********************************** |  |   |  |  |  |  |  |
| Choose one administration order:  Give Antihistamine only Give epineph Give Antihistamine & Epinephrine at same time Give Antihistamine first, observe for further sympt *Please note - in the absence of a school of and any antihistamine order will be disregar ************************************  | rine only \( \text{ *} \) coms and give epined trained | Delegate will be assigned Delegate will be assigned pephrine PRN  delegate will give epinephrine ************************************ |  |  |  |  |  |
| ☐ This student has been trained and is medication(s) named above. ☐ Epinephr☐ Epinephrine & Antih  | inė – single dos   | e unit  |  |  |  |  |  |
| *Under NJ state law, orders for antihistamin   | e alone cannot   | be self administered  |  |  |  |  |  |
| ☐ This student is not capable of self-admin  | istration of the ı   | medications named above.  |  |  |  |  |  |
| Physician's signature  |  |   |  |  |  |  |  |
| Phone number   |  |   |  |  |  |  |  |
| Date   | Stamp_   |   |  |  |  |  |  |

## **Parents/Guardians**

A current single dose Epinephrine auto-injector must be provided to the school for your child's use. All antihistamines and epinephrine must be brought to school by an adult and be provided in the original container

| <u>Sel</u>                   | lect one to sign and date.   |   |   |  |
|------------------------------|--|---|---|--|
| 1.                           | situation. <b>I hereby give medication.</b> I further acknown injury arising from the self-act law and Oak Hill Academy  | e permission for the permission of the permission of the permission of the policy are followed to the permission of the | has a potentially life threater of the prescribed medication in a for my child to self administ Hill Academy shall incur no liability a edication by my child. If procedures ed. I shall indemnify and hold hast any claims arising out of self a                     | life threatening<br>ter prescribed<br>is a result of any<br>is specified by NJ<br>armless Oak Hill |
| Sig                          | nature of Parent/Guardian  |   | Date  |  |
| 2.                           | request the school nurse or ochild. I further acknowledge arising from administration of Oak Hill Academy Policy are for | delegate (if applic<br>that Oak Hill Aca<br>f the medication<br>ollowed, I shall in   | has a potentially life threator medication in a life threatening situable) to administer the prescribed material demy shall incur no liability as a restor my child. If procedures specified demnify and hold harmless Oak Hill A out of administration of medication | nation. I hereby<br>nedication to my<br>ult of any injury<br>d by NJ law and<br>Academy and it's   |
| Signature of Parent/Guardian |  | Date  |   |  |
|                              | <u>epinephrine</u> to my child <b>ir</b> be given by a delegate. I   | n the absence of a the absence of a   | ned delegate will be assigned to adm<br><b>a school nurse</b> . Antihistamines m<br>a school nurse, any antihistamine ord<br>ninistered by a trained delegate.  | ay not   |
|                              | Parent Signature   |   | <br>Date  |  |
| <u>SC</u>                    | CHOOL USE ONLY   |   |   |  |
| <br>Sig                      | nature of Administrator  | Date  | Signature of School Nurse   | Date   |