

**FARE**

Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No**PLACE
PICTURE
HERE****NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.****Extremely reactive to the following allergens:** _____**THEREFORE:**☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.**FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS****LUNG**Short of breath,
wheezing,
repetitive cough**HEART**Pale, blue,
faint, weak
pulse, dizzy**THROAT**Tight, hoarse,
trouble
breathing/
swallowing**MOUTH**Significant
swelling of the
tongue and/or lips**SKIN**Many hives over
body, widespread
redness**GUT**Repetitive
vomiting, severe
diarrhea**OTHER**Feeling
something bad is
about to happen,
anxiety, confusion**OR A
COMBINATION**
of symptoms
from different
body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
- Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS**NOSE**Itchy/runny
nose,
sneezing**MOUTH**

Itchy mouth

**SKIN**A few hives,
mild itch**GUT**Mild nausea/
discomfort**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.****FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

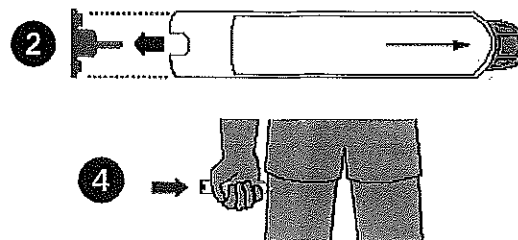
DATE

**FARE**

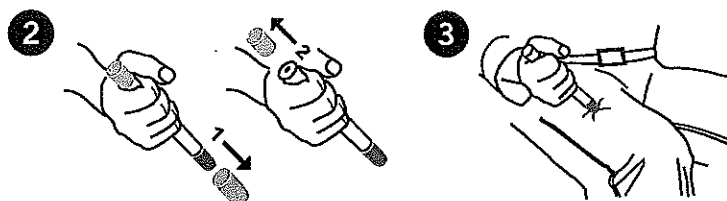
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**EPIPEN® AUTO-INJECTOR DIRECTIONS**

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.

**ADRENALINE® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS**

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.

**ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:**

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

School Year _____

Student: _____

<i>Last Name</i>	<i>First Name</i>	<i>Date of Birth</i>	<i>Grade</i>
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I acknowledge that the school district shall have no liability for any good faith act or omission consistent with the law which results in any injury arising from the administration of epinephrine via a pre-filled, single or double dose auto-injector mechanism by a designated employee. I shall indemnify and hold harmless the Board of Education, its officers, employees or agents against any and all claims, suits or causes of action arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism.

Date _____

EMERGENCY ADMINISTRATION OF EPINEPHRINE

Parent/Guardian Authorization

School Year _____

(Please Print or type)

Student: _____
Last Name First Name Date of Birth Grade

I, _____, parent/guardian of my above named student,
authorize the emergency administration of epinephrine via a pre-filled, single dose or double dose
auto-injector mechanism for anaphylaxis in accordance with the written orders of
Dr. _____.

I understand that the law requires that should epinephrine be administered, my son/daughter will
be transported to a hospital emergency room by emergency services personnel regardless of
his/her condition even if the symptoms appear to have resolved.

I acknowledge that the school district shall have no liability for any good faith act or omission
consistent with the law which results in any injury arising from the administration of epinephrine
via a pre-filled, single or double dose auto-injector mechanism. I shall indemnify and hold
harmless the Board of Education, its officers, employees or agents against any and all claims, suits
or causes of action arising out of the administration of the epinephrine via a pre-filled auto-
injector mechanism.

Parent/Guardian's Signature

Date

Parents must provide:

1. Written order from physician that the pupil requires the administration of epinephrine for anaphylaxis and documentation that the pupil does not have the capability for selfadministration of the medication.
2. A current pre-filled single or double dose auto-injector mechanism containing epinephrine. Parent is responsible for replacing the mechanism when it has expired or has been used.

Tree-Nut/Peanut Free Table Notice

I/We have been advised that Allamuchy Township School offers a tree-nut/peanut free table in an attempt to lessen the exposure to allergenic foods. Please check/initial your preference for your child's usage of this opportunity below, sign the form, and return to the Nurse.

_____ (parent initial) I/We give permission for _____ (print student's name) to sit at the tree-nut/peanut free table in the school cafeteria. I/We understand that this opportunity will lessen the likelihood, although cannot guarantee, of exposure to allergenic foods.

_____ (parent initial) I/We give permission for _____ (print student's name) to **NOT** sit at the tree-nut/peanut free table in the school cafeteria. I/We understand that we waive this opportunity which may result in our son/daughter having a higher risk of exposure to allergenic foods.

Parent/Guardian

Signature _____ Date _____

