

MUHLENBERG SCHOOL DISTRICT
HEALTH SERVICES

Dear Parent/Guardian:

In your child emergency health information you have indicated that your child has a food, insect or medication allergy. **An emergency care plan is required for all children with food, insect or medications allergies.** Attached is the emergency care plan for your child in the event of a bee sting or ingestion of the food/medication your child is allergic to. This plan is a quick reference for health room staff and teachers in the event of an emergency.

This form needs to be completed and signed by you and your physician IMMEDIATELY and returned to the school nurses' office. In the future, we will contact you yearly to update your child's medical record with any changes in your child's reaction to this allergen. If your child's condition remains the same, we will not require another physician-signed form. Only when there are changes in your child's medical condition will this be necessary.

Please call your school nurse with any questions or concerns.

Thank you.

School Nurse

DISTRITO ESCOLAR DE MUHLENBERG
SERVICIOS DE SALUD

Estimado Padre / Guardián:

En su información médica de emergencia de sus niños/as ha indicado que su hijo tiene una alergia a un alimento, insecto o alergia a un medicamento. **Se requiere un plan de atención de emergencia** para todos los niños con alergias a alimentos, insectos o alergias a medicamentos. Se adjunta el plan de atención de emergencia para su hijo en el caso de una picadura de abeja o de la ingestión del alimento / medicamento que su hijo es alérgico. Este plan es una referencia rápida para el personal de enfermería y los maestros en caso de una emergencia.

Este formulario debe ser completado y firmado por usted y su médico IMEDIATAMENTE y devuelto a la oficina de la enfermera escolar'. En el futuro, nos pondremos en contacto anual para actualizar la historia clínica de su hijo/a con cualquier cambio en la reacción de su hijo/a a este alérgeno. Si la condición de su hijo/a continúa siendo la misma, no vamos a requerir otra forma médica-firmada. Sólo cuando hay cambio en la en la condición médica de su hijo.

Por favor llame a la enfermera de la escuela con cualquier pregunta o preocupación.

Gracias.

**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**Shortness of
breath, wheezing,
repetitive cough**HEART**Pale or bluish
skin, faintness,
weak pulse,
dizziness**THROAT**Tight or hoarse
throat, trouble
breathing or
swallowing**MOUTH**Significant
swelling of the
tongue 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 or
runny nose,
sneezing**MOUTH**

Itchy mouth

**SKIN**A few hives,
mild itch**GUT**Mild
nausea or
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

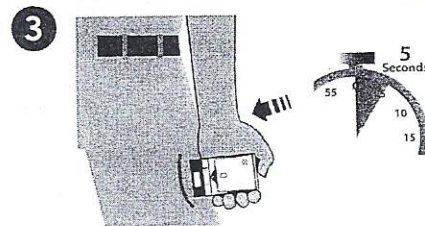
DATE

**FARE**

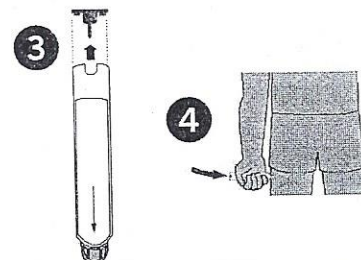
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO**

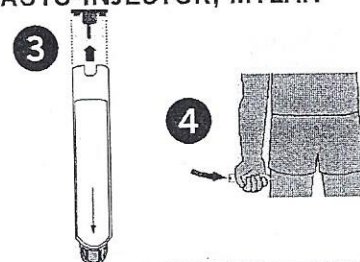
1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.
5. Call 911 and get emergency medical help right away.

**HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN**

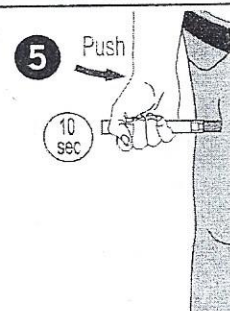
1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.

**HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN**

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.

**HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES**

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.

**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: _____

Muhlenberg School District

Authorization for Medication During School Hours

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

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, **each student** must provide the school nurse with a **Medication Authorization** form signed by the student's parent/guardian and a licensed medical prescriber. All medications must be in an original prescription bottle/container from a pharmacy.

Parent/Guardian Consent:

I give my permission for my child, _____, to receive the following medication ordered by a licensed prescriber during the school day. I understand that the medications will be given by a licensed school health professional according to my child's licensed prescriber's directions.

I give permission for my child to transport their medication to and from school
Yes _____ (initials) No _____ (initials)

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name printed: _____ Phone: _____

Licensed Prescriber Medication Order (below is to be completed by licensed prescriber):

Patient's name: _____ Date: _____

Name of medication(ONE form per medicine): _____

Route and dosage: _____

Time of administration: _____

Directions: _____

Discontinuation date: _____

Allergies: _____

For asthma inhalers and epinephrine pen only:

_____(initial) I have instructed this student in the proper way to use his/her Asthma Inhaler or Epinephrine Injector. It is my professional opinion that this student **should be allowed** to carry and use this medication by him/herself.
_____(initial) It is my professional opinion that this student **should not** carry his/her Asthma Inhaler or Epinephrine Injector. This medication will be kept in the nurse's office and administered by the nurse.

Licensed Prescriber signature: _____

Licensed Prescriber name printed: _____

Phone: _____ Fax: _____

MUHLENBERG SCHOOL DISTRICT
Medication Administration Policy

Dear Parents or Guardians:

To insure your child's good health and safety, the Board of Directors of the MUHLENBERG SCHOOL DISTRICT has established the following policy, which governs the administration of medication to the pupils during school hours.

1. Administering medication:

Whenever possible, medication should be given to your child before or after school. If this is not possible, only the licensed school nurse or his/her licensed designee are authorized to administer medication to the students.

2. Licensed Prescriber/Parent/Guardian Permission:

You as the parent/guardian must provide a written order from a licensed prescriber for the prescribed medication. The licensed prescriber must indicate the student's name, name of the medication, the dosage, the time and dates to be given, possible side effects, any special care needed for the medication, the termination date for administering the medication and the licensed prescriber's signature. This request is valid for one school year.

The parent or legal guardian must also provide written permission to have the school administer the medication. (See attached Medication Authorization sheet.)

3. Medication transport to school:

A responsible adult shall bring all medication to school, except in situations in which the parents, licensed prescriber, and school nurse believe that it is the best interest of the student that he or she carries the medication, such as with an emergency medication like an asthma inhaler. If parent is unable to bring the medication to school, the parent will need to sign a statement giving the child permission to transport the medication to school. The medication must be in its original container.

4. Check- In Procedure:

The school nurse shall record the date the medication is brought in and count and record the number or amount of medication received from the parent/guardian.

5. Original Container/Dosage:

All medication must be received in the original labeled container, which should include the student's name, name of the licensed prescriber, name of the medication and exact medication administration instructions. The school shall not administer expired medications. It is the responsibility of the parents to notify the school nurse of any changes to the original prescription label. All medication shall be stored in a secure locked and clean cabinet at all times.

6. Self-medication/Students medication responsibility:

Students shall not administer any medication to themselves except when the licensed prescriber, the parent or legal guardian and school nurse agree in writing that it is necessary and appropriate. An example of permissible self-medication administration would be the use of an asthma inhaler, epinephrine injector or other similar emergency medications. It shall be the student's responsibility to come to the nurse's office at the appropriate times for medication. If a student fails to report to the health room for medication, the school nurse or licensed designee will locate the student and remind them to take their medication.

7. Documentation:

The school nurse shall keep a separate medication administration record for each student. All records shall be deemed a permanent part of the student's records and shall be confidential, except as disclosed to other staff members on a need-to-know basis only.

Revised: 6/2017