

BLOOMFIELD PUBLIC SCHOOLS

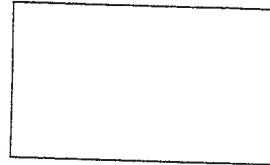
Part 1: To be completed by Physician

Student's Name: _____ D.O.B. _____ Grade/Teacher: _____

ALLERGY TO: _____

Medical Diagnosis and code: _____

Asthmatic Yes * No (*Higher risk for severe reaction)



STEP 1: TREATMENT

Symptoms:

- * If a food allergen has been ingested, but *no symptoms*:
- * Mouth Itching, tingling, or swelling of lips, tongue, mouth
- * Skin Hives, itchy rash, swelling of the face or extremities
- * Gut Nausea, abdominal cramps, vomiting, diarrhea
- * Throat ^ -- Tightening of throat, hoarseness, hacking cough
- * Lung ^-- Shortness of breath, repetitive coughing, wheezing
- * Heart ^--Thready pulse, low blood pressure, fainting, pale, blueness
- * Other _____

Give Checked Medication

___ Epinephrine	___ Antihistamine
___ Epinephrine	___ Antihistamine
___ Epinephrine	___ Antihistamine
___ Epinephrine	___ Antihistamine
___ Epinephrine	___ Antihistamine
___ Epinephrine	___ Antihistamine
___ Epinephrine	___ Antihistamine

* If reaction is progressing (several of the above areas affected), give ___ Epinephrine ___ Antihistamine
The severity of symptoms can quickly change. ^Potentially life-threatening

DOSAGE:

Epinephrine: inject intramuscularly (circle one):

Epi-pen Epi-Pen Jr. Twinject TM 0.3 mg. Twinject TM 0.15 mg.

Antihistamine: give _____
Medication/dose/route

Check all that apply:

- ____ Student has been trained in procedure and may carry and self-administer Epi-Pen
- ____ Student has been instructed in symptom recognition, is capable of, and may self-administer Benadryl according to N.J.S.A. 18A:40-12.3
- ____ Student may self-administer (circle one) with or without adult supervision.
- ____ Benadryl may be omitted from the above plan on a field trip in the absence of an authorized Licensed staff member and when student is not capable of self administering this. (Parent has option of accompanying child and administering this on field trip)

STEP 2: EMERGENCY CALLS

1. Call 911 (requesting paramedics). State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call Dr. _____ at _____
3. Call Emergency contacts as *listed on reverse side*.

If Parent/Caregiver cannot be reached, do not hesitate to medicate or take child to medical facility.

Parent/Caregiver Signature: _____ Date: _____

Doctor's Signature: _____ Date: _____