

**New Milford Schools**  
**PHYSICIAN'S ORDERS FOR ALLERGY EMERGENCY TREATMENT**

Student's name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

The above student is allergic to: \_\_\_\_\_

Previous episode of anaphylaxis?  Yes  No      Asthma?  Yes  No  
Peanut/Allergen Free Table?  Yes  No      Allergy Tested?  Yes  No

**This consent order is effective for the \_\_\_\_\_ school year only and must be renewed annually.**

**MEDICATIONS**

**ANTI-HISTAMINE:** Name \_\_\_\_\_ Dose \_\_\_\_\_

Give antihistamine 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 \_\_\_\_\_

**EPINEPHRINE:**  EpiPen  EpiPen Jr.  Other \_\_\_\_\_

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 epinephrine only

Give Antihistamine & Epinephrine at same time

Give Antihistamine first, observe for further symptoms and give epinephrine PRN

**\*Please note- in the absence of a school nurse, a trained delegate will give epinephrine and any antihistamine order will be disregarded**

This student has been trained and is capable of self-administration of the following medication(s) named above.  Epinephrine – single dose unit  Epinephrine & antihistamine – single dose unit

\*Under NJ state law, orders for antihistamine alone cannot be self administered

This student is not capable of self-administration of the medications named above.

Physician's signature \_\_\_\_\_ Phone number \_\_\_\_\_

Date \_\_\_\_\_ Stamp \_\_\_\_\_

**Parents/Guardians**

**Two current single dose Epinephrine auto-injectors 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.**

Please sign and date.

I verify that my child \_\_\_\_\_ has a potentially life threatening illness. I hereby request the school nurse or delegate (if applicable) to administer the prescribed medication to my child. I further acknowledge that the New Milford School District shall incur no liability as a result of any injury arising from administration of the medication to my child. If procedures specified by NJ law and the New Milford School District Policy are followed, I shall indemnify and hold harmless the New Milford School District and it’s employees or agents against any claims arising out of administration of medication by my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

<p><u>Please sign</u> I understand that under NJ state law, <u>a trained delegate will administer epinephrine</u> to my child in the absence of a school nurse. Antihistamines may not be given by a delegate. In the absence of a school nurse, any antihistamine order will be disregarded and epinephrine will be administered by a trained delegate.</p>	
_____ Parent Signature	_____ Date

**Emergency Calls**

1. Dr. \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Parent \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Emergency Contact

Name/relationship

Phone Number

a. \_\_\_\_\_

a. \_\_\_\_\_

b. \_\_\_\_\_

b. \_\_\_\_\_

\_\_\_\_\_  
Signature of School Nurse

\_\_\_\_\_  
Date