# Township of Union Public Schools Anaphylaxis Action Plan

Place Student's Picture Here

| Name: D.   | O.B.: / / Here  |  |  |  |
|--|---|--|--|--|
| Allergy to:  |   |  |  |  |
| Weight: lbs. Asthma: ☐ Yes (higher   |   |  |  |  |
| Extremely reactive to the following:   | ·   |  |  |  |
| •  |   |  |  |  |
| Symptoms:  | Give Checked Medication**:                                    |  |  |  |
|  | **(to be determined by physician authorizing treatment)       |  |  |  |
| If exposed to allergen, but no symptoms:   | □Remove Stinger if visible, apply ice to area                 |  |  |  |
|  | □Rinse contact area with water                                |  |  |  |
|  | ☐ Epinephrine ☐ Antihistamine                                 |  |  |  |
| Mouth: Itching, tingling, or swelling of lips, tongue, mouth   | ☐ Epinephrine ☐ Antihistamine                                 |  |  |  |
| Skin: Hives, itchy rash, swelling of the face or extremities   | ☐ Epinephrine ☐ Antihistamine                                 |  |  |  |
| Gut: Nausea, abdominal cramps, vomiting, diarrhea  | ☐ Epinephrine ☐ Antihistamine                                 |  |  |  |
| *Throat: Tightening of throat, hoarseness, hacking cough   | ☐ Epinephrine ☐ Antihistamine                                 |  |  |  |
| *Lungs: Shortness of breath, repetitive coughing, wheezing   | ☐ Epinephrine ☐ Antihistamine                                 |  |  |  |
| *Heart: Weak or thread pulse, low blood pressure, fainting,  |   |  |  |  |
| pale, blueness   | ☐ Epinephrine ☐ Antihistamine                                 |  |  |  |
| *Other:  | ☐ Epinephrine ☐ Antihistamine                                 |  |  |  |
| 16 - Control of the share of th |   |  |  |  |
| If reaction is progressing (several of the above areas   | ☐ Epinephrine ☐ Antihistamine                                 |  |  |  |
| affected give:   |   |  |  |  |
| *Potentially life-threatening. The seve  | erity of symptoms can quickly change                          |  |  |  |
|  |   |  |  |  |
| Transportation Plan: ☐ Medication available on bus ☐ Medication NOT available on bus   |   |  |  |  |
| ☐ Does not ride bus Special Instructions:  |   |  |  |  |
| epecial motivations.   |   |  |  |  |
| Medications/Doses:   |   |  |  |  |
| Epinephrine: inject intravenously (circle one)   |   |  |  |  |
| EpiPen 0.3mg EpiPen Jr. 0.15mg Twinject 0.3mg Twinject 0.15mg Auvi-Q 0.3mg Auvi-Q 0.15 mg  |   |  |  |  |
| Antihistamine (brand & dose):  |   |  |  |  |
| Other (e.g., inhaler-bronchodilator if asthmatic):   | · · · · · · · · · · · · · · · · · · ·                         |  |  |  |
| Monitoring   |   |  |  |  |
| Stay with student; alert healthcare professionals and parent.  | Fell rescue squad eninephrine was given; request an ambulance |  |  |  |
| with epinephrine. Note time when epinephrine was administered. A   |   |  |  |  |
| the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student  |   |  |  |  |
| even if parents cannot be reached. See back/attached for auto-inje   |   |  |  |  |
|  |   |  |  |  |

Date

Physician/Healthcare Provider Signature

& Stamp

Date

Parent/Guardian Signature

## **Township of Union Public Schools**

### (Students using the bus transportation)

Dear Parents/Guardian:

| Dear Parents/Guardian:  |
|---|
| Please be informed that students with Peanuts/nuts allergy that need Epinephrine is required to have the medication inside their book bag while being <b>transported by the bus</b> . The Epinephrine will stay inside their book bag from Sept till the last day of school in June of              |
| Kindly check the box below:   |
| Child's Name:   |
| <ul> <li>Allowed to carry Epinephrine inside their book bag for bus transportation to and from the school.</li> <li>I am not allowing my child to have Epinephrine inside his/her book bag. I am aware of the risk/consequences of my action.</li> <li>Not using the bus transportation.</li> </ul> |
| School :  |
| Parent/Guardian Signature   |
| Date:   |
|   |

Kindly return this form immediately to the nurse's office.

# TOWNSHIP OF UNION PUBLIC SCHOOLS UNION, NEW JERSEY

#### **EPI-PEN PARENT CONSENT**

| I hereby give my consent to permit         | · · · · · · · · · · · · · · · · · · ·                | _as the     |
|--|--|-------------|
| designated person in an emergency to ac    | lminister the epi-pen to my child.                   |             |
|  | , in the absence of the school nurse. I further a    | agree to    |
| Indemnify and hold harmless the Union      | Public School district and school employees from     | any         |
| claims arising from administration of the  | e epi-pen to my child.                               |             |
| I have been informed and understand that   | nt the Union Public School district has no liability | as a        |
| result of any injury arising from the prop | er administration of the epi-pen used for the emer   | rgency      |
| administration of epinephrine o my child   | for anaphylaxis.                                     |             |
| The permission for the emergency admin     | nistration of epinephrine via epi-pen to pupils for  |             |
| anaphylaxis is effective for the school ye | ar it is granted and must be renewed for each        |             |
| subsequent school year.                    |  |             |
|  | Signature of Parent/Guardian                         | <del></del> |
|  | Signature of Parent/Guardian                         | <del></del> |
|  | Date   | <del></del> |

CADocuments and Settings/ipulumbolMy Documents/Russes - Matheal/Epispen Packet/Epi Pau Parent Consent Letter.doc

# TOWNSHIP OF UNION BOARD OF EDUCATION UNION, NJ 07083

| Pupil's       | Name   |  | School                              |   | ·                 |  |
|---------------|--|--|-------------------------------------|---|-------------------|--|
| Addres        | SS   |  | Teacher_                            |   |                   |  |
|               | Telephone No Grade   |  |                                     |   |                   |  |
| – Descri      | ption of medic   | cation provided by physicia  | n                                   |   | ·                 |  |
| Diagno        | Diagnosis:   |  |                                     |   |                   |  |
| School        | School nurse is instructed to administerin                                   |  |                                     |   |                   |  |
| the foll      | the following manner   |  |                                     |   |                   |  |
| Medica        | Medication to be administered from to  |  |                                     |   |                   |  |
| Consid        | leration for F   | ield Trips:  |                                     |   |                   |  |
| Date The scl  | The above na from a field to   | med student may skip the comed student may take the prip.  equested to administer to | (C                                  |   | chool<br>ed)      |  |
| the met       | -  | _  |                                     |   |                   |  |
| given to      | mpletion of the other school months of the school material MEDICATION PRESCO | ON MUST BE BROUGH<br>RIPTION CONTAINER   | of the parent. Upication prescribed | oon its completion, it is This form will be file BY PARENT IN THE | to be<br>d in the |  |
| For School Nu | rses Use Onl   | y: Received From/Print Name  | Signature                           | Given to/Print Name   | Signature         |  |
|               |  |  |                                     |   |                   |  |
|               |  |  |                                     |   |                   |  |
|               |  |  |                                     |   |                   |  |
|               |  |  |                                     |   |                   |  |
|               |  |  | •                                   |   |                   |  |
|               |  |  | •                                   |   |                   |  |
| -             |  |  |                                     |   |                   |  |

# TOWNSHIP OF UNION BOARD OF EDUCATION UNION, NJ 07083

| rupns     | Name                        |   | School      |                        |       |
|-----------|-----------------------------|---|-------------|------------------------|-------|
| Addres    | 38                          |   | Teacher     |                        |       |
| Teleph    | one No                      |   | **          |                        |       |
|           |                             | ation provided by physician                                 |             |                        |       |
| Diagno    | osis:                       | 71.   |             |                        |       |
| School    | nurse is instr              | acted to administer   | <u>.</u>    |                        | in    |
| the foll  | owing manne                 | r   |             |                        |       |
| Medica    | ation to be adr             | ninistered from   |             | to                     |       |
| Consid    | leration for F              | ield Trips:   |             |                        |       |
|           | "                           |   |             | nature & Stamp Require | ed)   |
| The sch   | nool nurse is r             | equested to administer to                                   | (C)         | nild's Name)           |       |
| the med   | dication prescr             | ribed by the above-named ph                                 | `           | ind s ivame)           |       |
|           | Sign                        | ature of Parent/Guardian                                    |             |                        |       |
|           | the school m                | is form is the responsibility ourse who will give the medic |             |                        |       |
| office o  |                             | urse.<br>ON MUST BE BROUGHT<br>RIPTION CONTAINER A          |             |                        |       |
| office of | MEDICATION PRESCUES Use Onl | ON MUST BE BROUGHT<br>RIPTION CONTAINER A<br>y:             | ND HANDED T | TO THE NURSE.          | ,<br> |
| office o  | MEDICATION PRESC            | ON MUST BE BROUGHT<br>RIPTION CONTAINER A                   |             |                        |       |
| office of | MEDICATION PRESCUES Use Onl | ON MUST BE BROUGHT<br>RIPTION CONTAINER A<br>y:             | ND HANDED T | TO THE NURSE.          | ,<br> |
| office of | MEDICATION PRESCUES Use Onl | ON MUST BE BROUGHT<br>RIPTION CONTAINER A<br>y:             | ND HANDED T | TO THE NURSE.          | ,<br> |
| office of | MEDICATION PRESCUES Use Onl | ON MUST BE BROUGHT<br>RIPTION CONTAINER A<br>y:             | ND HANDED T | TO THE NURSE.          | ,<br> |
| office of | MEDICATION PRESCUES Use Onl | ON MUST BE BROUGHT<br>RIPTION CONTAINER A<br>y:             | ND HANDED T | TO THE NURSE.          | ,<br> |
| office of | MEDICATION PRESCUES Use Onl | ON MUST BE BROUGHT<br>RIPTION CONTAINER A<br>y:             | ND HANDED T | TO THE NURSE.          | ,<br> |

# TOWNSHIP OF UNION BOARD OF EDUCATION UNION, NJ 07083

| Teacher   Telephone No.  | Pupil's                               | s Name                                  | ·  | School                                |   | <u></u>      |  |
|--|---------------------------------------|---|--|---------------------------------------|---|--------------|--|
| Telephone No   | Addres                                | SS                                      |  | Teacher                               |   |              |  |
| Diagnosis:  School nurse is instructed to administer   | Teleph                                | one No                                  | VoGrade  |                                       |   |              |  |
| School nurse is instructed to administer   | Descri                                | ption of medic                          | cation provided by physici                         | lan                                   |   | ·            |  |
| the following manner  Medication to be administered from   | Diagno                                | osis:                                   |  | · · · · · · · · · · · · · · · · · · · |   |              |  |
| Medication to be administered from   | School                                | nurse is instr                          | ucted to administer                                |                                       |   | in           |  |
| Consideration for Field Trips:  The above named student may skip the dose of prescribed medication on a field day trip.  The above named student may take the prescribed medication upon returning to school from a field trip.  Date  | the foll                              | owing manne                             | r  |                                       |   |              |  |
| The above named student may skip the dose of prescribed medication on a field day trip.  The above named student may take the prescribed medication upon returning to school from a field trip.  Date  (Physician's Signature & Stamp Required)  The school nurse is requested to administer to (Child's Name)  the medication prescribed by the above-named physician.  Signature of Parent/Guardian  The completion of this form is the responsibility of the parent. Upon its completion, it is to be given to the school nurse who will give the medication prescribed. This form will be filed in the office of the school nurse.  MEDICATION MUST BE BROUGHT TO SCHOOL BY PARENT IN THE PRESCRIPTION CONTAINER AND HANDED TO THE NURSE.  School Nurses Use Only:   | Medica                                | ation to be adr                         | ninistered from                                    |                                       | to  | <del></del>  |  |
| The above named student may take the prescribed medication upon returning to school from a field trip.  Date   | Consid                                | leration for F                          | field Trips:                                       |                                       |   |              |  |
| The completion of this form is the responsibility of the parent. Upon its completion, it is to be given to the school nurse who will give the medication prescribed. This form will be filed in the office of the school nurse.  MEDICATION MUST BE BROUGHT TO SCHOOL BY PARENT IN THE PRESCRIPTION CONTAINER AND HANDED TO THE NURSE.  School Nurses Use Only:  |                                       | lication presc                          | ribed by the above-named                           | (Ch<br>physician.                     | ild's Name)                               | <del></del>  |  |
|  | given to<br>office o                  | o the school m of the school m MEDICATI | urse who will give the medurse.  ON MUST BE BROUGH | dication prescribed.                  | This form will be filed  BY PARENT IN THE | d in the     |  |
| THE RECEIVED THE PROPERTY OF T | <del></del>                           |   |  | Signatura                             | Civen to/Print Name                       | Signature    |  |
|  | ne Received                           | m of Vecelved                           | Merciaen biomat lint iamic                         | отдиает с                             | Orion williams                            | U.B.Marail V |  |
|  |                                       |   |  |                                       |   |              |  |
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|  |                                       |   |  |                                       |   |              |  |
|  |                                       |   |  |                                       | -   |              |  |
|  |                                       |   |  |                                       |   |              |  |
|  |                                       |   |  |                                       | -   |              |  |
|  |                                       |   |  |                                       |   |              |  |

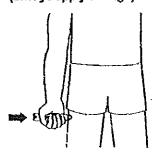
#### EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- · Pull off the blue safety release cap



(क्यून्स्युक्त

 Hold orange tip near outer thigh (always apply to thigh)



 Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds.
 Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



DET und the Dey look (pailed) fipalen handt, and (pitters à hefeld are registated trademarks of Dey Harma, L.P.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



Remove caps labeled "1" and "2."

Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:
If symptoms don't improve after 10
minutes, administer second dose:

Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.



Slide yellow collar off plunger.

Put needle into thigh through skin, push plunger down all the way, and remove.



Adrenactick<sup>™</sup> 0.3 mg and Adrenactick<sup>™</sup> 0.15 mg Directions



Remove GREY caps labeled "1" and "2."

Place RED rounded tip against 3 outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kil must accompany the student if he/she is off school grounds (i.e., field trip).

| Col | nta | cts |
|-----|-----|-----|
|     |     |     |

| Call 911 (Rescue squad: () Doctor: Parent/Guardian: | Phone: ()    |
|---|--------------|
| Other Emergency Contacts                            |              |
| Name/Relationship:                                  | Phone: ()    |
| Name/Relationship:                                  | Phone: ( ) - |

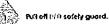
# AUVI-Q" (epinephrine injection, USP)

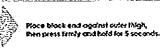
Use 5th Auti-Q (0.15 mg) gorkgisw steet oo tot 33-66 15

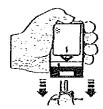


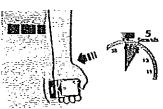
Uso Orange Auri-Q (0.3 mg) for poSents weighing overaá lic











Allor using Anyl-th, seek emergency mode of offention have to left.

likits: Audi O may be used without waiting for the roles instructions. Once the injection countdown has begun, however, do not remove Audi O from the high until the voice prompt says. "Injection complete"



Proclice with the Aust Q trainer to make exequate obtains used to the Australian Proclice with the Australia Company Met producing replaced in the body good good good and stated an artist seed and seed and seed and seed as the seed and seed and seed as the seed as th

BOH-hopping types of concentrion delicate to perfect grant grant order delicate

#### Indication

Aut QN (coincight to histoire, USP) is indepred in the energency becomen of diargic reactions (hip of) herbidg apophyla is law passero stress and prophyla and an engle lectored for individual with a herbidge and phylanic and an engle individual with a herbidge and phylanic rivina are at its for an aphylacitic reactions.

#### Important Safety information

Aut Q should QXYV be injected into the antend tierd aspect of the thigh IDO NOT SEE CTRIFORMITICAL ORTHPAVBIOUSLY.

Epinephrina stack that search from the stack of an included with control of the stack of the sta may be of geotetrisk for advisor (cocions. Advisors to sphister in busics and ship preferences and posterials for advisors to design in the transfer and produce the formation of the formation o experior peut negues assess executa bapçaçon bay, concuranções, cui proquise auxiga exproduct quest

AudiQic hiprotection immediate set-outrivistation as ignespency supports a theory contract brief to a betit to the haredato medeal or hespital care.

ATI of the three in the state of the state o Vetwww.fda.gov/medwatch.or.co.t 1-800 FDA-1088.

Precio sea accompanying Rescribing Information.

Scon this code to watch a brief demo video. And visit www.cru.f. q com/hap/resources for additional resources.



Civile (6 Engl epinephrine injection, USP 6,35 gro/ft 3 mg auto-injectors TALKS YOU THROUGH