

**EVESHAM TOWNSHIP SCHOOL DISTRICT  
SCHOOL HEALTH SERVICES**

Place  
Child's  
Picture  
Here

**Anaphylaxis Emergency Medical Care Plan**

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Describe prior reaction: \_\_\_\_\_

Asthmatic:  Yes  No

**To Be Completed by Physician Only**

This child's previous reaction(s) **could**  **could not**  be described as anaphylaxis.

**Symptoms of Allergic Reaction/Anaphylaxis:**

<input type="checkbox"/> Skin: hives, welts, swelling of face or extremities	<input type="checkbox"/> Lungs: shortness of breath, wheeze, cough
<input type="checkbox"/> Nose: running, itching, congested	<input type="checkbox"/> GI: cramps, abdominal pain, vomiting, diarrhea
<input type="checkbox"/> Mouth: itching, swelling of lips, tongue, mouth	<input type="checkbox"/> Brain: anxiety, agitation, loss of consciousness
<input type="checkbox"/> Eyes: tearing, redness, itching, swelling	<input type="checkbox"/> Heart/Circulation: weak pulse, loss of consciousness
<input type="checkbox"/> Throat: tightness, trouble speaking, trouble breathing	

In the event of an allergic reaction, the **school nurse** should proceed as follows:

Give Benadryl \_\_\_\_\_ mg by mouth for \_\_\_\_\_  
Observe closely for additional symptoms. Notify parent.

Give Epinephrine IM  0.15 mg or  0.30 mg for \_\_\_\_\_  
Call 9-1-1. Notify parent.

Treat wheezing/chest tightness with \_\_\_\_\_.

When the **school nurse is unavailable** (field trip, athletics, after-school activities):

Able to self medicate. Student has been trained and is allowed to self-administer  
 Epinephrine by auto-injector  antihistamine pre-measured dose at same time

Unable to self-medicate  
This child is not able to self-medicate. In the event of an anaphylactic reaction when the nurse is unavailable, I give my permission for a trained delegate to immediately administer a single dose of an EpiPen, and call 9-1-1.

**I understand that under NJ State law, the delegate is not permitted to give Benadryl.**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Stamp

As the parent/guardian, I shall indemnify and hold harmless the school district and its employees for any injury arising from the administration of a single-dose, pre-filled auto-injector of epinephrine to my child. I agree with the plan as developed by my child's physician, and I will provide the prescribed medications.

**I  would  would not like my child to sit at a peanut/tree nut-free lunch table.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date