

Cherry Hill School Age Child Care  
1960 Greentree Road  
Cherry Hill, NJ 08003  
(856) 429-6564

Dear Parent/Guardian;

You have informed SACC/EDCC that your child has a history of anaphylaxis (life-threatening allergy).

Under *New Jersey State Law (PL 1997c368)*, an unlicensed, trained volunteer may give auto-injectable epinephrine via a device such as an EPI PEN, ADRENACLICK or AUVIQ in the absence of licensed medical personnel/nurse. Please be aware that this law is for *auto-injectable epinephrine only*. Non-nursing personnel CANNOT give any other medication. Only medical personnel can make the physical assessment necessary to carry out an order to give other medication such as Benadryl. Existing medical conditions that would have to be differentiated from symptoms of impending anaphylaxis also disqualify coverage under this law.

A licensed school nurse is in the school building from 8:45 a.m. to 3:45 p.m. during regular school days. During that time, orders that include Benadryl can be honored. However, outside of those hours the only orders for medication administration that can be honored by SACC/EDCC staff are for auto-injectable epinephrine *only*.

Please know that your child's safety and well-being are of utmost importance to us. In order to work together to provide your child with the necessary treatment, we are requesting that you complete a separate set of orders/instructions for the SACC/EDCC staff that are for auto-injectable epinephrine administration only during the hours that a nurse is not present in the building.

Please complete and return the following forms to the SACC Office at the address above by August 15<sup>th</sup>.

1. Physician's form documenting history of anaphylaxis
2. District medication form completed by physician and you
3. Emergency health care plan for anaphylactic reaction
4. Emergency Administration of Epinephrine Via Auto-injector

*In addition, please note that your child must wear a medical alert bracelet to guarantee accurate identification by the trained volunteer.*

Please feel free to contact me at (856) 429-2058 x 8304 with any questions or concerns. Thank you.

Sincerely,

Lynn Richter, RN  
Woodcrest School Nurse  
SACC Liaison Nurse

cc: K. Mueller, SACC Coordinator

**CHERRY HILL PUBLIC SCHOOLS**  
Cherry Hill, New Jersey

**Emergency Administration of Epinephrine by Unlicensed Personnel for Life**  
**Threatening Allergic Reactions**

School \_\_\_\_\_

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Dear Physician:

The child listed above is one of your patients and a student in our school. In order for the implementation of New Jersey P.L. 2007, Chapter 57, the Cherry Hill Public School District has a policy requiring the following information be submitted by a student's physician or advanced practice nurse.

1. Date of Observed anaphylactic reaction, if any \_\_\_\_\_

2. Presenting symptoms of allergic reaction in this child  
\_\_\_\_\_  
\_\_\_\_\_

3. Causative allergen(s) \_\_\_\_\_

4. Does this child have any other medical condition(s) whose symptoms could mimic those of impending anaphylaxis, i.e. asthma? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, what is the medical condition? \_\_\_\_\_

5. Please state existing medication order for this child's allergy, and if not already submitted to school nurse, please attach.  
\_\_\_\_\_  
\_\_\_\_\_

Print Name of Physician/Advanced Practice Nurse \_\_\_\_\_

Phone \_\_\_\_\_

Signature or Physician/Advanced Practice Nurse \_\_\_\_\_

Date \_\_\_\_\_

Note: Please be aware that this law is for autoinjectable epinephrine to be given by UNLICENSED VOLUNTEER PERSONNEL in the absence of medical personnel. Orders such as "give Benadryl first, followed by Epipen if reaction is severe" will not be allowed under this law. *Only medical personnel can make the physical assessment necessary to carry out such an order.*

Revised 8/2008

CHERRY HILL PUBLIC SCHOOLS  
Cherry Hill, New Jersey

POLICY FOR ADMINISTRATION OF MEDICATION  
BY CERTIFIED SCHOOL NURSE

All medications are administered from the health office by the school nurse.

All medication must be in a prescription bottle with the name of the child and the drug.

All medication must be brought to and from school by the parent or another adult whom the parent designates.

It is necessary for the well being of your child that, following an illness, the child does not return to school until his/her temperature is normal for 24 hours and other symptoms have subsided.

PRESCRIPTION MEDICINES

If prescription medication is to be administered in school, all of the following are required:

1. A written order from the physician
  - A. name of student
  - B. name of medication
  - C. dosage
  - D. physician's name
  - E. date
2. Written parent/guardian permission form releasing the school district and school nurse from any liability thereof.

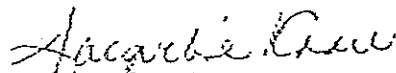
PATENT MEDICINE

If a non-prescription medication (over the counter) is to be administered in a school setting, the requirement for prescription medication will apply (with the exception of Tylenol/Motrin).

The required permission form is printed on reverse side.

Please contact the school nurse if you have any questions.

Date: 7/24/13



Dr. Jacqueline Kaari  
Chief Medical Inspector

CHERRY HILL PUBLIC SCHOOLS

Cherry Hill, New Jersey

Permission Slip

I request the enclosed medication, in the original container, to be administered to my child and shall release school personnel from all liability.

School \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dosage: \_\_\_\_\_

Purpose: \_\_\_\_\_

Signature Parent/Guardian: \_\_\_\_\_

Phone - Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

TO BE FILLED IN BY SCHOOL NURSE ONLY:

Prescription #/Medication: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Pharmacy Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE FILLED IN BY PHYSICIAN ONLY: (With the exception of Tylenol & Motrin)

Name of Patient: \_\_\_\_\_

Name of Medication/Prescription: \_\_\_\_\_

Dosage: \_\_\_\_\_

Purpose: \_\_\_\_\_

Comments: \_\_\_\_\_

Name of Physician (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Include medication prescribed by a physician and all "over the counter" medication except Tylenol and Motrin.

CHERRY HILL PUBLIC SCHOOLS

Cherry Hill, New Jersey

Administration of Epinephrine for Life threatening Allergic Reactions

General Information: School \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_ Cell Phone \_\_\_\_\_

EMERGENCY AND PHYSICIAN CONTACTS

Emergency Contact #1 \_\_\_\_\_

Name	Relationship	Phone
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Emergency Contact #2 \_\_\_\_\_

Name	Relationship	Phone
------	--------------	-------

Emergency Contact #3 \_\_\_\_\_

Name	Relationship	Phone
------	--------------	-------

Physician for Allergy Treatment \_\_\_\_\_

Name	Relationship	Phone
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ALLERGY TO: \_\_\_\_\_

Asthma: [ ] YES (higher risk for a sever reaction)[ ] NO Weight \_\_\_\_\_

SIGNS OF ALLERGIC REACTION INCLUDE

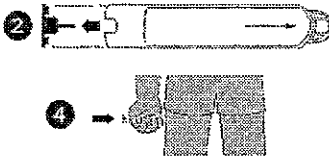
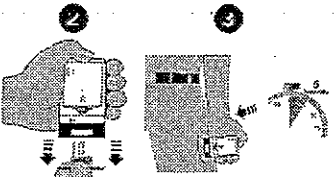

- MOUTH Itching & swelling of lips, tongue or mouth
- THROAT Itching and/or sense of tightness in throat, hoarseness and hacking cough
- SKIN Hives, itchy rash and/or swelling about the face or extremities
- GUT Nausea, abdominal cramps, vomiting and/or diarrhea
- LUNG Shortness of breath, repetitive coughing and/or wheezing
- HEART "Thready" pulse, drop in blood pressure or loss of consciousness

The severity of symptoms can quickly change. \*All above symptoms can potentially progress to anaphylaxis

**ACTION:**

1. School Nurse to proceed directly to the symptomatic student with emergency medicine in hand.
2. For accidental ingestion or exposure to \_\_\_\_\_ or stung by \_\_\_\_\_
3. Administer medication as per physician orders and notify parent/guardian.
4. If epinephrine administered, assure 911 has been called and notify building Principal.
5. Record the time, dose, medication and any changes in student's condition.

**DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL 911**

<p><b>EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS</b></p> <ol style="list-style-type: none"> <li>1. Remove the EpiPen Auto-Injector from the plastic carrying case.</li> <li>2. Pull off the blue safety release cap.</li> <li>3. Swing and firmly push orange tip against mid-outer thigh.</li> <li>4. Hold for approximately 10 seconds.</li> <li>5. Remove and massage the area for 10 seconds.</li> </ol>	
<p><b>AUVI-Q® (EPINEPHRINE INJECTION, USP) DIRECTIONS</b></p> <ol style="list-style-type: none"> <li>1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.</li> <li>2. Pull off red safety guard.</li> <li>3. Place black end against mid-outer thigh.</li> <li>4. Press firmly and hold for 5 seconds.</li> <li>5. Remove from thigh.</li> </ol>	
<p><b>ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS</b></p> <ol style="list-style-type: none"> <li>1. Remove the outer case.</li> <li>2. Remove grey caps labeled "1" and "2".</li> <li>3. Place red rounded tip against mid-outer thigh.</li> <li>4. Press down hard until needle penetrates.</li> <li>5. Hold for 10 seconds. Remove from thigh.</li> </ol>	

**ROLE OF PARENT/GUARDIAN**

The parent/guardian of the pupil must provide to the district Board of Education:

- Written orders for the administration of a pre-filled, auto-injector mechanism containing epinephrine from the pupil's physician/healthcare provider.
- Written authorization form for the *Emergency Administration of Epinephrine by Unlicensed Personnel for Life Threatening Allergic Reactions* from the pupil's physician.
- If applicable, the self-administration of medication by pupil authorization form from the pupil's physician.

**Parent/Guardian Statement:**

1. In the event that our child named above, experiences potentially life-threatening symptoms to his/her allergic condition as described by his/her physician on the attached physician's order, we authorize the emergency administration of epinephrine via auto-injector by the school nurse, and in his/her absence by a registered nurse, or an employee designated by the school nurse in consultation with the Cherry Hill Township Board of Education Administration, who is properly trained in the administration of the epinephrine auto-injector.

- 2. We acknowledge our understanding that if the School District's procedures for the emergency administration of auto-injectable epinephrine are followed, the Cherry Hill Township Board of Education collectively and individually, as well as its employees and agents, shall have no liability as a result of any injury arising from the administration of the auto-injectable epinephrine to our child.
- 3. We indemnify and hold harmless the Cherry Hill Township Board of Education, collectively and individually, as well as its employees and agents, against any claims arising out of the administration of auto-injectable epinephrine to our child.
- 4. Permission for the emergency administration of auto-injectable epinephrine to our child is granted for the \_\_\_\_\_ school year.

(Current School year only)

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

Name Date

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

Name Date

Must be updated/received annually.

Name: \_\_\_\_\_ School: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs.

Asthma:  Yes (higher risk for a severe reaction)  No








**For a suspected or active food allergy reaction:**

PLACE  
STUDENT'S  
PICTURE  
HERE

FOR ANY OF THE FOLLOWING

## SEVERE SYMPTOMS

If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.

			
<b>LUNG</b>	<b>HEART</b>	<b>THROAT</b>	<b>MOUTH</b>
Short of breath, wheezing, repetitive cough	Pale, blue, faint, weak pulse, dizzy	Tight, hoarse, trouble breathing/ swallowing	Significant swelling of the tongue and/or lips
			<b>OR A COMBINATION</b> of mild or severe symptoms from different body areas.
<b>SKIN</b>	<b>GUT</b>	<b>OTHER</b>	
Many hives over body, widespread redness	Repetitive vomiting or severe diarrhea	Feeling something bad is about to happen, anxiety, confusion	





**NOTE:** Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. Use Epinephrine.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Request ambulance with epinephrine.
  - Consider giving additional medications (following or with the epinephrine):
    - » Antihistamine
    - » Inhaler (bronchodilator) if asthma
  - Lay the student flat and raise legs. 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 student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

**NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.**

## MILD SYMPTOMS

If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

		
<b>NOSE</b>	<b>MOUTH</b>	
Itchy/runny nose, sneezing	Itchy mouth	
		
<b>SKIN</b>	<b>GUT</b>	
A few hives, mild itch	Mild nausea/discomfort	
↓	↓	↓

1. **GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN**
2. Stay with student; alert emergency contacts.
3. Watch student closely for changes. If symptoms worsen, **GIVE EPINEPHRINE.**

### MEDICATIONS/DOSES

Epinephrine Brand: \_\_\_\_\_

Epinephrine Dose:  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if asthmatic): \_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

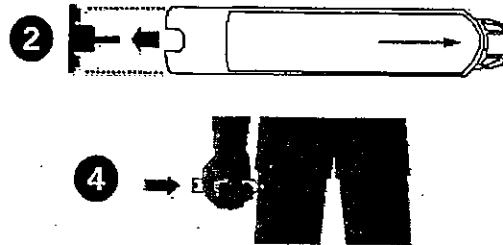
PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE



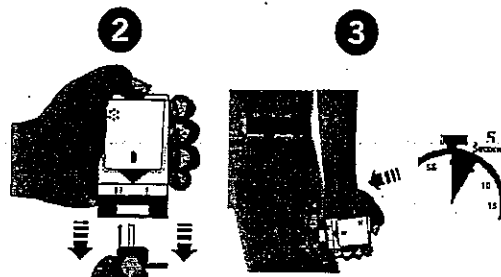
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5. Remove and massage the area for 10 seconds.



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1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat student before calling Emergency Contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

**EMERGENCY CONTACTS — CALL 911**

RESCUE SQUAD: \_\_\_\_\_  
 DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

**OTHER EMERGENCY CONTACTS**

NAME/RELATIONSHIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 NAME/RELATIONSHIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_