

**MONTVILLE TOWNSHIP SCHOOL DISTRICT
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

MEDICATIONS

ANTIHISTAMINE: 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 AUTO-INJECTOR: Name _____ Dose _____

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 _____

Please note- Since delegates cannot administer antihistamine, in the absence of a school nurse or on a field trip, a trained delegate will give epinephrine only 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 units

*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 _____ Physician Stamp _____

Parents/Guardians

- **A current single dose Epinepherine auto-injector must be provided to the school for your child’s use.**
- **All antihistamines and epinepherine must be brought to school by an adult and be provided in the original container**
- **Must notify the school when their son/daughter is attending a school sponsored event after normal school hours without a parent**

Select one to sign and date.

1. I verify that my child _____ has a potentially life threatening illness and is **unable to self-administer** the prescribed medication in a life threatening situation. I hereby request the school nurse or delegate (if applicable) to administer the prescribed medication to my child. I further acknowledge that the Montville Township 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 Montville School District Policy are followed, I shall indemnify and hold harmless the Montville School District and it’s employees or agents against any claims arising out of administration of medication to my child.

A. _____ I am requesting a delegate be assigned for my son/daughter. I will be notified of who this person will be.

B. _____ I am NOT requesting a delegate be assigned for my son/daughter.

Signature of Parent/Guardian

Date

2. I verify that my child _____ has a potentially life threatening illness and **has been instructed in self- administration** of the prescribed medication in a life threatening situation. **I hereby give permission for my child to self administer prescribed medication.** I further acknowledge that the Montville Township School District shall incur no liability as a result of any injury arising from the self-administration of medication by my child. If procedures specified by NJ law and Montville School District policy are followed, I shall indemnify and hold harmless the Montville School District and it’s employees or agents against any claims arising out of self administration of medication by my child.

A. _____ I am requesting a delegate be assigned for my son/daughter. I will be notified of who this person will be.

B. _____ I am NOT requesting a delegate be assigned for my son/daughter.

Signature of Parent /Guardian

Date