

Monmouth County Vocational School District

SELF-MEDICATION AND PHYSICIAN CERTIFICATION FOR A STUDENT WITH A LIFE-THREATENING ILLNESS / ALLERGIC REACTION

In accordance with P.L. 2007, c.57 _____ (*print name of physician*) certify that I am the physician of _____ (*print name of student*). This patient suffers from _____ (*print name of illness*), a potentially life-threatening illness / allergic reaction, and is capable of, and has been instructed in, the proper method of self-administration of medication for this illness / allergic reaction.

The student is physically fit to attend school and is free of contagious disease and would not be able to attend school if the medication is not administered during school hours.

Name of Medication _____

Dose and Route _____ **Time:** _____

Side Effects _____

Additional Instructions _____

Physician Signature / Stamp: _____ **Date:** _____

We, _____ (*print names of parents*), are the parents or guardians of _____ (*print name of student*), a student in the Monmouth County Vocational School District (MCVSD). As required by law, this form provides to the MCVSD Board of Education our written authorization for our child to self-administer medication for a life-threatening illness or is subject to a life-threatening illness allergic reaction. By signing this form, we release the MCVSD Boards, its employees and agents, from any liability as a result of any injury from the self-administration of medication by our child and we expressly agree to defend, protect, indemnify, and hold harmless the Monmouth County Vocational School District, and its employees or agents, from all losses, costs, suits or claims which may result from the self-administration of medication by our child. Permission to self-administer is effective upon approval and notification by the MCVSD Board of Education. Permission remains in effect only for the present school year.

SIGNATURES

Parent / Guardian _____ **Date** _____

School Nurse _____ **Date** _____

Principal _____ **Date** _____

School Physician _____ **Date** _____

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: **Yes (higher risk for a severe reaction)** **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

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

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. 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 patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.15 mg IM 0.3 mg IM

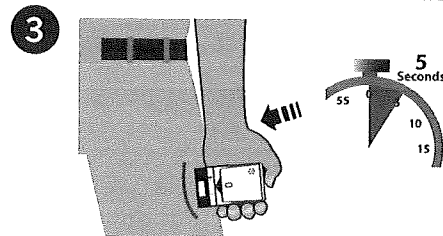
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

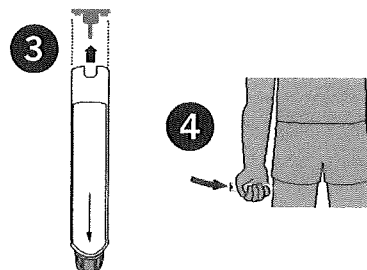
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.
5. Call 911 and get emergency medical help right away.



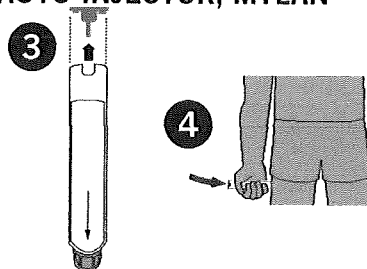
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



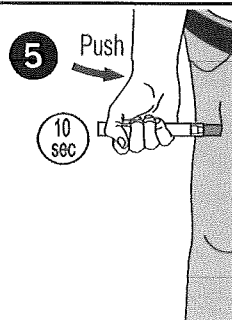
HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

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

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

MONMOUTH COUNTY VOCATIONAL SCHOOLS

CONSENT AND AUTHORIZATION FOR DELEGATION OF ADMINISTRATION OF MEDICATION

All Monmouth County Vocational School District Epinephrine Delegates have been trained by the school nurse in consultation with the Board of Education to administer epinephrine via pre-filled, single-dose auto-injector mechanism to _____ for anaphylaxis when the nurse is not physically present at the scene, in accordance with P.L 2007, c. 57.

This employee has been properly trained in the administration of epinephrine by the school nurse using standardized training protocols established by the Department of Education in consultation with the Department of Health and Human Services and has met the following criteria:

1. Is willing to learn and assume responsibility
2. Has demonstrated competency and good judgment
3. Holds a current CPR Providers course completion card issued by a training center of the American Heart Association or a course completion card for adult, infant and child CPR issued by the American Red Cross.(Recommended)
4. Is available to the pupil where anaphylaxis is likely to occur
5. Has been trained in tasks specific to the above-named student

Neither the capability of self-administration, the presence of antihistamine in the doctor's order, nor a co-morbidity of asthma should preclude a delegation of epinephrine administration for a student for anaphylaxis. Epinephrine and a trained adult user must be immediately available and accessible to the child who needs it.

If the procedures specified in P.L 2007, c. 57 are followed, the district shall have no liability as the result of any injury arising from the administration of epinephrine to the pupil and we, the parents or guardians, indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of the epinephrine to the pupil.

Permission is effective for the school year in which it is granted and is renewed for each subsequent year in accordance with P.L 2007, c. 57.

Parent/Guardian's Signature

Nurse's Signature

Building Principal's Signature

Date