

GEORGE G. WHITE SCHOOL

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Certified School Nurse
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120 Magnolia Avenue
Hillsdale, NJ 07642
Tel 201-664-0567 Fax 201-664-2715

ADMINISTERING MEDICATION

AUTHORIZATION FOR EMERGENCY ADMINISTRATION OF EPI-PEN
OR OTHER PRE-FILLED AUTO-INJECTOR MECHANISM BY DESIGNATED INDIVIDUAL

Dear Mr. Bergamini,

I hereby authorize the Hillsdale Board of Education to designate a nurse or in her absence, the Principal, Dean of Students, Guidance, Teachers, and/or Coach Advisors as his/her trained designee to administer

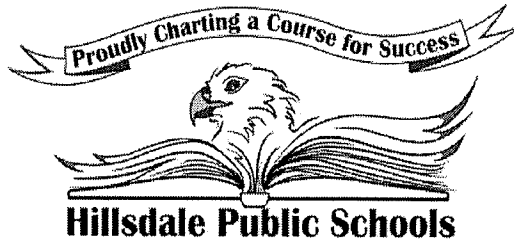
the epi-pen or other pre-filled auto-injector mechanism to my child _____
(Child's Name)

Attached please find the written orders from Dr. _____ my child's physician
stating that _____ requires the administration of epinephrine for anaphylaxis
(Child's Name)

and does not have the ability to self-medicate.

Parent/Guardian Signature

Date



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ADMINISTERING MEDICATION

EMERGENCY ADMINISTRATION OF THE EPI-PEN OR OTHER PRE-FILLED AUTO-INJECTOR MECHANISM

Dear _____:
Parent/Guardian

Hillsdale Board of Education hereby informs you that if Board approved procedures are followed, the district and its employees shall incur no liability whatsoever for any and all claims, damages, losses, and expenses of any kind, including reasonable attorney's fees as a result of any injury arising from the emergency administration of the epi-pen or other pre-filled auto-injector mechanism.

I _____ hereby acknowledge that, if the district procedures are followed, the district shall incur no liability whatsoever for any and all claims damages, losses, and expenses of any kind, including reasonable attorney's fees as a result of any injury which arises from the emergency administration of the epi-pen. I _____ hereby indemnify and hold harmless the district and its employees, officers, or agents against any and all claims arising from the administration of the emergency administration of the epi-pen or other pre-filled auto-injector mechanism.

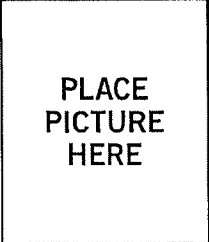
Parent/Guardian Signature

Date

Name: _____ D.O.B.: _____

Allergic 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	<p>OR A COMBINATION of symptoms from different body areas.</p>

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
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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: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

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

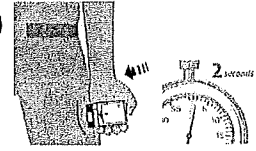
PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE _____ DATE _____ PHYSICIAN/HCP AUTHORIZATION SIGNATURE _____ DATE _____



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

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

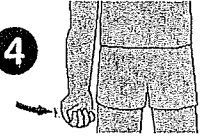
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HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

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. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.

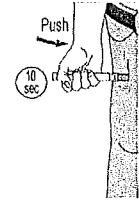
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HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

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

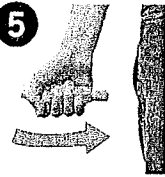
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HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.

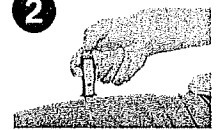
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HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.

2



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: _____

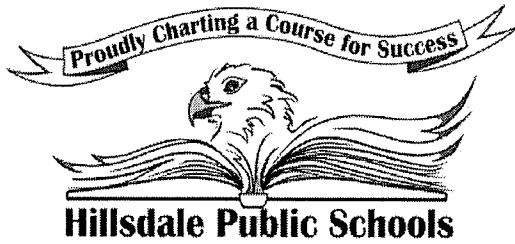
PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____



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PARENT/GUARDIAN PERMISSION TO RELEASE AND EXCHANGE CONFIDENTIAL INFORMATION

I hereby authorize an exchange of information to occur between the School Health Services Nursing Staff and:

Name: _____ Phone: _____

Address: _____

Regarding: _____ any or all information
_____ Specific information regarding: _____

contained in the record of:

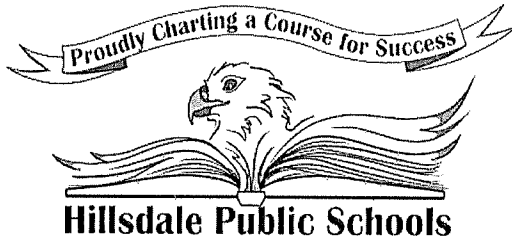
Name Date of Birth

George G. White School

This authorization is in effect for one calendar year from today: _____
Date

Signature of parent/guardian: _____

Christina Fanelli, R.N.
Certified School Nurse



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Dear Parents,

Each year, the number of students in our school with severe food allergies increases. Since allergic reactions to peanuts and/or tree nuts are among the most common and most serious, adhering to practices that minimize the risk for exposure to these products is a primary concern and of utmost importance to us. Once again, we are offering your child the option of sitting at a peanut and nut-free table in the cafeteria during lunch. Due to the increasing numbers of students with severe food allergies, we believe that this accommodation is in your child's best interest. The final decision, of course, is up to you. Please indicate below your interest in having your child seated at a table designated as peanut and nut-free. As always, please contact me with any questions, comments, or concerns. All of us at George White School look forward to working with you as we do our best to meet the needs of all our students. Thanks for your time and consideration.

Please check one:

_____ I am interested in having my child seated at a table designated as "Peanut and Tree Nut Free."

_____ At this time, I am NOT interested in having my child seated at a table designated as "Peanut and Tree Nut Free."

Student's Name

Grade

Parent/Guardian Signature

Date

Sincerely,

Christina Fanelli, R.N.

Christina Fanelli, R.N.
School Nurse