

**PLACE  
PICTURE  
HERE**

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

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

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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

 <b>NOSE</b> Itchy or runny nose, sneezing	 <b>MOUTH</b> Itchy mouth	 <b>SKIN</b> A few hives, mild itch	 <b>GUT</b> Mild nausea or discomfort
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**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

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**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: \_\_\_\_\_

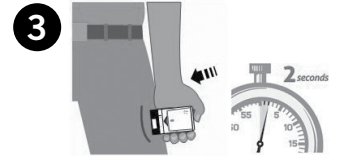
Antihistamine Dose: \_\_\_\_\_

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

\_\_\_\_\_

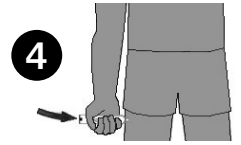
## HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

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.



## 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.



## 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.



## 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.



## 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.



## 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: \_\_\_\_\_

MARLBORO TOWNSHIP BOARD OF EDUCATION  
1980 TOWNSHIP DRIVE  
MARLBORO, NEW JERSEY 07746-2298

**EPI-PEN ADMINISTRATION BY DESIGNEE  
WAIVER OF LIABILITY**

Please be advised that the Marlboro Township Board of Education has adopted a policy governing the emergency administration of epinephrine via a single dose auto-injector mechanism containing epinephrine to a pupil for anaphylaxis. The administration of epinephrine may be performed by the school nurse or by a person designated by the school nurse in consultation with the Board of Education, in the absence of the school nurse. The policy and regulations set forth specific conditions under which administration of a single dose auto-injector mechanism containing epinephrine may be permitted by a designee for anaphylactic reaction. These conditions are as follows:

- A licensed physician must provide written authorization for the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine.
- The physician must also certify that the pupil requires the administration of epinephrine for anaphylaxis.
- A current pre-filled, single dose auto-injector mechanism containing epinephrine, as provided by the parent, must be retained in the Nurse's office.
- If the procedures specified in the policy and regulations are followed the district shall have no liability as a result of any injury arising from the administration. You must sign the Waiver of Liability below to acknowledge that you have been informed and understand this condition.

**WAIVER OF LIABILITY**

I/We, parents/guardians of \_\_\_\_\_, in our personal capacities and as the parents/guardians of said child request that the Marlboro School District permit the school nurse, or in the absence of the nurse, a designee, to administer epinephrine via a single dose auto-injector mechanism containing epinephrine in emergency situations to our child while on school property or off school property at an approved school event. I/We agree to comply with the regulations of the school district and in consideration of the privilege extended to us and our child, we agree to release, indemnify and hold harmless the Board of Education of the Marlboro Township School District and its officers, employees and servants from and against any and all losses, claims, damages, or expenses arising from or growing out of the acceptance by the Board of the request recited above. I/We acknowledge that if the procedures specified in the Board Policy regarding emergency administration of epinephrine are followed, the board, its officers, employees and servants shall have no liability as a result of any injury arising from the administration of epinephrine to our child.

I/We also agree to provide the school nurse a current pre-filled, single dose auto-injector mechanism containing epinephrine in accordance with school policy.

I/We agree to a designee.       I/We do not agree to a designee.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*PERMISSION MUST BE RENEWED EACH YEAR.\*\***

**THIS DOCUMENT MUST BE EXECUTED NO EARLIER THAN JULY 1, OF THE INCOMING SCHOOL YEAR.**

MARLBORO TOWNSHIP BOARD OF EDUCATION  
1980 TOWNSHIP DRIVE  
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SELF-ADMINISTRATION OF INHALER OR EPI-PEN  
WAIVER OF LIABILITY

I/We, parents of \_\_\_\_\_, in our personal capacities and as the parents and natural guardians of said child request that the Marlboro Township School District permit our child to carry and use an inhaler or epi-pen while on school property or while off school property at an approved school event. I/We agree to comply with the regulations of the school district and in consideration of the privilege extended to us and our child, we hereby agree to release, indemnify and hold harmless the Board of Education of the Marlboro Township School District and its officers, employees and servants from and against any and all losses, claims, damages or expenses arising from our growing out of the acceptance by the Board, its officers, employees and servants shall incur no liability as a result of any injury arising from the self-administration of the inhaler or epi-pen by our child.

I/We also agree to provide an additional inhaler or epi-pen identical to the one which the pupil is authorized to carry, which shall be retained by the school nurse in accordance with school policy.

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

\_\_\_\_\_  
Date

**\*\*PERMISSION TO SELF-ADMINISTER MUST BE RENEWED EACH YEAR.\*\***  
**THIS DOCUMENT MUST BE EXECUTED NO EARLIER THAN JULY 1, OF THE INCOMING SCHOOL YEAR.**

## **“PEANUT/NUT FREE” LUNCHROOM TABLE RELEASE AND HOLD HARMLESS AGREEMENT**

It is the district’s practice that students with peanut/nut allergies are seated at a “peanut/nut free” table during lunch.

If you wish your child to be seated at a table where peanut or other nut products may be consumed, the following two (2) items are required on an annual basis.

- An original, current doctor’s note, dated no earlier than July 1 of each year, with an original doctor’s signature, which contains verbiage stating that, from a medical standpoint, your child can sit at a lunch table where peanut or other nut products may be consumed and that by doing so the child is not at risk of imminent harm to his/her health or well-being.
  
- An original, current Hold Harmless Agreement (a sample is on the following page), affixed with your original signatures as well as that of witnesses.

**Both documents must be returned to the designee at your child’s school by either regular mail or email. In-person drop-offs will not be accepted at any school or the Administration Building.** Once both of these documents are received, and if they are in order, your child will be able to sit at a regular table in the school cafeteria. These documents will remain on file in the district for the current school year.

Any questions should be directed to the principal, vice principal, or nurse in your child’s school.

**RELEASE AND HOLD HARMLESS AGREEMENT**

In consideration for honoring our request to the District that our child, \_\_\_\_\_, who attends the \_\_\_\_\_ **School in Grade** \_\_ for the **2023 – 2024 School Year**, not be placed at a peanut-free and/or nut-free lunch table, despite his/jher allergies, the undersigned agrees to release from liability, defend, indemnify and hold harmless the Marlboro Township Board of Education, collectively and individually, its officers, agents and employees from any and all liability, lawsuits, injuries (death or otherwise), claims, costs and attorney’s fees which may arise from the above-named child not being placed at a peanut-free and/or nut-free lunch table.

The undersigned has provided medical documentation to support this request. The undersigned understands this arrangement is valid for the **2023 - 2024 School Year** and that the undersigned must apply annually for this arrangement to continue in each succeeding school year.

Witness:	Parent:
_____	_____

Dated: _____	Dated: _____
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Witness:	Parent:
_____	_____

Dated: _____	Dated: _____
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