

# Newton High School Health Office

## Student Allergy Treatment Plan

Dear Parent/Guardian,

According to our medical records, your child has a history of a life-threatening allergy (anaphylaxis) that requires the use of epinephrine. Due to the severity of this condition, it is essential that we have up-to-date medical documentation on file to ensure your child's safety during the school day. Please review and complete the enclosed packet.

### Allergy Action Plan Instructions:

- **Photo:** Attach a recent photo of your child in the top right corner of the form.
- **Provider Requirements:** Your child's physician must complete the entire form, sign it, and include the office stamp (anywhere on form).
- **Important Note:** The physician must clearly write "**Self-administration**" in the **Other Comments** section located under the *Medication/Doses* area.

It is important that your child is properly trained and confident in the self-administration of their EpiPen, as they are expected to carry it with them throughout the school day. Additionally, please provide the school nurse with a backup EpiPen to keep in the nurse's office if possible.

If your child no longer requires an EpiPen, please submit a letter from their healthcare provider on official letterhead stating that the medication is no longer prescribed.

All completed forms or provider letters should be submitted as soon as possible. Incomplete or missing documentation may result in your child being restricted from participating in certain school activities or events.

We understand that this process takes time and appreciate your cooperation in helping us maintain accurate medical records. If you have any questions or need assistance, please contact the Health Office at **973-383-7573 x3231**. You may also fax forms to **973-383-2751**.

Thank you for your continued support in keeping your child safe and healthy at school.

Warm Regards,

Nivek Zayas  
MSN, RN, CSN- NJ  
School Nurse  
Newton High School  
T: (973)-383-7573 Ext: 3231  
F: (973)-383-2571



# FARE

Food Allergy Research & Education

## FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

**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.**

☐ **Special Situation/Circumstance** - If this box is checked, the child has an extremely severe allergy to the following food(s) \_\_\_\_\_.

**Even if the child has MILD symptoms after eating (ingesting) this food(s), Give Epinephrine immediately.**

### 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 BODY SYSTEM, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE BODY SYSTEM (E.G. SKIN, GI, ETC.), FOLLOW THE DIRECTIONS BELOW:**

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- 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): \_\_\_\_\_

☒ Self administer

☒ Nurse administer

X  
PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

X  
HEALTHCARE PROVIDER AUTHORIZATION SIGNATURE

DATE

Form provided courtesy of Food Allergy Research & Education (FARE - FoodAllergy.org) - January 2023

**\* INCLUDE OFFICE STAMP.  
(anywhere on form)**

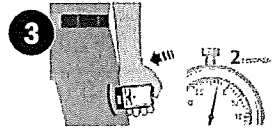


**FARE**  
Food Allergy Research & Education

# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

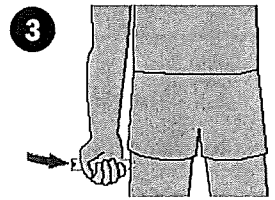
## HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

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.



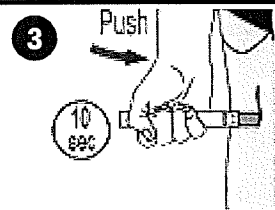
## HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION

1. (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN
2. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
3. 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.
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.



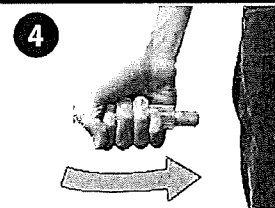
## HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

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.



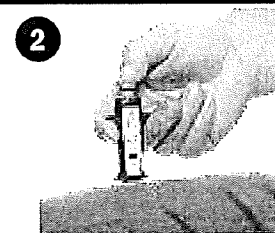
## HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

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.):

**Epinephrine first, then call 911. Monitor the patient and call their emergency contacts right away.**

## EMERGENCY CONTACTS – CALL 911

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

## OTHER EMERGENCY CONTACTS

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

# NEWTON PUBLIC SCHOOLS

Board of Education ♦ 57 Trinity Street ♦ Newton, NJ 07860 ♦ (973) 383-7392

## PARENT/GUARDIAN PERMISSION TO RELEASE AND EXCHANGE CONFIDENTIAL INFORMATION

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

NAME: \_\_\_\_\_ NHS STAFF \_\_\_\_\_ PHONE: \_\_\_\_\_ 973-383-7573 \_\_\_\_\_

ADDRESS : \_\_\_\_\_ 44 Ryerson Ave Newton NJ 07860 \_\_\_\_\_

Regarding: \_\_\_\_\_ any or all information

\_\_\_\_\_X\_\_\_\_\_ specific information regarding: \_\_\_\_\_ Medical DX \_\_\_\_\_

contained in the record of:

STUDENT'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

Newton High School

SCHOOL \_\_\_\_\_

This authorization is in effect for one calendar year from today: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

**Preschool at Camp Auxilium**  
**Gina Kithcart, RN,MSN, CSN**  
**973-383-7202 x1331**  
**gkithcart@newtonnj.org**

**Merriam Ave School**  
**Michelle Kinney, RN,BSN,CSN**  
**973-383-7202 x1231**  
**mkinney@newtonnj.org**

**Halsted Middle School**  
**Carol Marinaro, RN,BSN,CSN**  
**973-383-7440 x2231**  
**cmarinaro@newtonnj.org**

**Newton High School**  
**Nivek Zayas, RN, MSN CSN**  
**973-383-7573 x3231**  
**nzayas@newtonnj.org**

# NEWTON PUBLIC SCHOOLS

Board of Education ♦ 57 Trinity Street ♦ Newton, NJ 07860 ♦ (973) 383-7392

## OVER-THE-COUNTER MEDICATION ADMINISTRATION FORM

Dear Parent/Guardian,

If your physician decides it is necessary for your son/daughter to receive **over-the-counter medication** during the school day, the following procedures must be followed. This form must be completed by his/her physician and signed by the parent/guardian. This is only for the OTC medications listed below. If your son/daughter requires medication other than these please have your physician complete the Administration of Medication form. **The dosage/frequency must be completed by the physician.** This form will remain in effect for the entire school year.

### Physician's Instructions for Over-the-Counter Medication in School

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

I request that the school nurse administer the following medication as prescribed below:

\_\_\_\_\_ Acetaminophen

\_\_\_\_\_ Dosage / Frequency

\_\_\_\_\_ Ibuprofen

\_\_\_\_\_ Dosage / Frequency

\_\_\_\_\_ Antacid

\_\_\_\_\_ Dosage / Frequency

Physician's Stamp

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*I give permission for the school nurse to dispense the above prescribed medication to my child.*

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

Date: \_\_\_\_\_

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