



## ST. MICHAEL'S SCHOOL

100 ALDEN STREET • CRANFORD, NEW JERSEY 07016 • (908) 276-9425

### MEDICATION ADMINISTRATION POLICY

Dear Parents/Guardians,

If it is necessary for your child to take medication during school hours, the following guidelines must apply:

- A Medication Authorization Form must be completed and signed by the Physician. This form is submitted annually for children who need meds given during school hours. (The forms are in the nurses office)
- The Physician must specify the medication, dosage, frequency, route of administration and indication.
- The Parent/Guardian must give permission for the school nurse or in her absence, the principal or her designee, to administer the medication.
- The medication must be brought to the health office in its original container with the pharmacy label intact. The label must indicate the child's name, the medication, dosage and frequency of administration.
- A child MAY NOT keep medication with him/her in the classroom.
- PLEASE NOTE: The above applies to over-the-counter medication as well as prescription medication.

All required forms are available in the health office. If you have any questions or concerns, don't hesitate to call.

*Maria Polo*  
Maria Polo, RN



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## MEDICATION AUTHORIZATION DURING SCHOOL HOURS

To be completed by PARENT:

Child's Name \_\_\_\_\_ School \_\_\_\_\_

Physician's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I request that authorized personnel assist my child in taking the medicine described below during school hours.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

To be completed by PHYSICIAN:

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Route \_\_\_\_\_ Time: \_\_\_\_\_

If medicine is to be given "when needed", describe indications: \_\_\_\_\_

How soon can it be repeated? \_\_\_\_\_

Length of time this treatment is recommended? \_\_\_\_\_

If INHALER, is child allowed to have one on his/her person? \_\_\_\_\_

This child is capable of and has been instructed in the proper administration of this medication \_\_\_\_\_

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_



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Dear Parents/Guardians,

In order to comply with the NJ State regulations regarding medications for children with food allergies, you are now required to supply an Epi-Pen 2-Pak. The epi-pens must be in the original box with the prescription label intact. If Benadryl is ordered, that too must be supplied, unopened and labeled with the child's name. Due to limited space, the smallest possible container would be appreciated! Generic brand is OK.

Many parents have their child's prescription filled and then take one of the epi-pens out to keep at home and send the other one in to school. In the event of an emergency, either at home or at school, a second epi-pen may be necessary and therefore unavailable. As always, be sure to check the expiration date!

If you have any questions regarding the new requirements, feel free to call.

Thank You,

*Maria Polo*

Maria Polo, RN

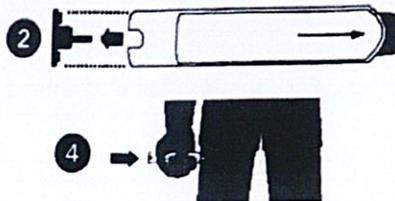


**FARE**  
Food Allergy Research & Education

# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

## EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



## ADRENACLICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.



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



**FARE**  
Food Allergy Research & Education

# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  Yes (higher risk for a severe reaction)  No

PLACE  
PICTURE  
HERE

**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

Short of breath, wheezing, repetitive cough



### HEART

Pale, blue, faint, weak pulse, dizzy



### THROAT

Tight, hoarse, trouble breathing/swallowing



### MOUTH

Significant swelling of the tongue and/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/runny nose, sneezing



### MOUTH

Itchy mouth



### SKIN

A few hives, mild itch



### GUT

Mild nausea/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): \_\_\_\_\_

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE