

150
east
palisade
avenue



first presbyterian
pre-school
and
kindergarten

englewood
new jersey
07631
201-568-3042

Dear Parent/Guardian,

Our school is aware that your child has a **potential life-threatening allergy** that may require treatment at school. In order for us to be prepared in case of an emergency, we ask that you and your child's physician work together to fill out the attached *FARE Food Allergy & Anaphylaxis Plan*. The plan is for you and your child's doctor to discuss, complete, and **requires both parent and physician signature**. Please then return it to the school office as soon as possible.

The *FARE Food Allergy & Anaphylaxis Plan* will be made available to all appropriate staff in your child's school building so that the school is aware of what steps to take in case an emergency were to arise.

It is important for your child's safety that we have the proper medication consent forms, supplies, and medications at school in order to respond to an emergency. **All prescription medication consent forms require a parent and physician signature**. This paperwork must be completed **annually** before the first day of school and turned into the school office.

Please call the school if you have any questions or concerns.

Thank you for helping us to ensure a safe and healthy year for your student here at FPPK.

Sincerely,

Cheryl Negrini

PERMISSION FOR MEDICATION ADMINISTRATION

CHILD'S NAME _____

| | |
|---|---|
| Child's condition for administering medication: (circle one) •Asthma •Allergies | Name of medication: _____ The medication is: (circle one) •Prescription •Non-prescription/Over the counter |
| Amount to be administered: _____ Times to be administered: _____ Dates to be administered: _____ _____ | Special instructions: _____ _____ Possible adverse reactions: _____ _____ |

I AUTHORIZE THE ADMINISTRATION OF MEDICATION TO MY CHILD.

(SIGNATURE OF PARENT) (DATE)

| FOR CENTER USE ONLY |
|--|
| <ul style="list-style-type: none"> • Is all of the above information correct? • Has the medication been made inaccessible to children? • Is the medication in the original container with the prescription label on it? • Is the child's name on the container? • Is the date of the prescription current? • Is the name of the medication, dose, and schedule on the label the same instructions given by the parent? |

| DATE ADMINISTERED | TIME ADMINISTERED | ADVERSE REACTIONS | STAFF INITIALS |
|-------------------|-------------------|-------------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |



FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergic 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 | HEART | THROAT | MOUTH |
| Shortness of breath, wheezing, repetitive cough | Pale or bluish skin, faintness, weak pulse, dizziness | Tight or hoarse throat, trouble breathing or swallowing | Significant swelling of the tongue or lips |

| | | | |
|---|---|---|--|
|  |  |  | OR A COMBINATION of symptoms from different body areas. |
| SKIN | GUT | OTHER | |
| Many hives over body, widespread redness | Repetitive vomiting, severe diarrhea | Feeling something bad is about to happen, anxiety, confusion | |

⇓ ⇓ ⇓

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 | MOUTH | SKIN | GUT |
| Itchy or runny nose, sneezing | Itchy mouth | A few hives, mild itch | 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: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

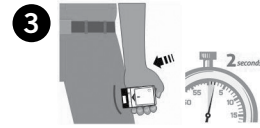
Antihistamine Dose: _____

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



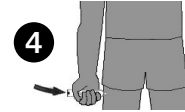
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

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.



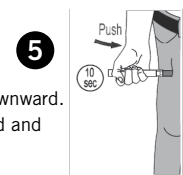
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

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 ADRENACLICK®), 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: _____