

**BURLINGTON COUNTY INSTITUTE OF TECHNOLOGY  
PHYSICIAN'S ORDERS FOR ALLERGY EMERGENCY TREATMENT**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

The above student is allergic to: \_\_\_\_\_

Previous episode of anaphylaxis  Yes  No

**MEDICATIONS**

**ANTI-HISTAMINE:** Name \_\_\_\_\_ Dose \_\_\_\_\_

Give antihistamine for the following checked symptoms:

- Contact with allergen, but no symptoms
- Skin-hives, itchy rash, extremity swelling
- Lips- itching, tingling, burning, or swelling of lips
- Head/neck- swelling of tongue, mouth, or throat, hoarseness, hacking cough, tightening of throat
- Gut- abdominal cramps, nausea, vomiting, diarrhea
- Lungs- repetitive cough, wheezing, shortness of breath
- Other \_\_\_\_\_

**EPINEPHRINE:**  EpiPen  EpiPen Jr.  Other \_\_\_\_\_

Give epinephrine for the following checked symptoms:

- Contact with allergen, but no symptoms
  - Skin, hives, itchy rash, extremity swelling
  - Lips- Itching, tingling, burning, or swelling of lips
  - Head/neck- swelling of tongue, mouth, or throat, hoarseness, hacking cough, tightening of throat
  - Gut- abdominal cramps, nausea, vomiting, diarrhea
  - Lungs- repetitive cough, wheezing, shortness of breath
  - Heart- thready pulse, low blood pressure, fainting, pale or bluish skin
  - Other \_\_\_\_\_
- 

**Choose one administration order:**

- Give Antihistamine only       Give epinephrine only       \*Delegate will be assigned  
Give Antihistamine & Epinephrine at same time       \*Delegate will be assigned  
Give Antihistamine first, observe for further symptoms and give epinephrine PRN

**\*Please note- in the absence of a school nurse, a trained delegate will give epinephrine and any antihistamine order will be disregarded**

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This Student has been trained and is capable of self-administration of the following medication(s) named above.    Epinephrine - single dose unit      Epinephrine & antihistamine-single dose units

\*Under NJ state law, orders for antihistamine alone cannot be self administered

This student is not capable of self-administration of the medication(s) named above.

Physician's signature \_\_\_\_\_ Phone number \_\_\_\_\_

Date \_\_\_\_\_ Stamp \_\_\_\_\_

**Parents/Guardians**

**A current Epinephrine auto-injector must be provided to the school for your child's use. All Antihistamines and epinephrine must be brought to school by an adult and be provided in the original container**

Select one to sign and date.

1. I verify that my child \_\_\_\_\_ has a potentially life threatening illness and **has been instructed in self-administration** of the prescribed medication in a life threatening situation. **I hereby give permission for my child to self administer prescribed medication.** I further acknowledge that Burlington County Institute of Technology shall incur no liability as a result of any injury arising from the self-administration of medication by my child. If procedures specified by NJ law and Burlington County Institute of Technology policy are followed, I shall indemnify and hold harmless Burlington County Institute of Technology and it's employees or agents against any claims arising out of self administration of medication by my child.

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

\_\_\_\_\_  
Date

2. I verify that my child \_\_\_\_\_ has a potentially life threatening illness and is **unable to self-administer** the prescribed medication in a life threatening situation. I hereby request the school nurse of delegate (if applicable) to administer the prescribed medication to my child. I further acknowledge that Burlington County Institute of Technology shall incur no liability as a result of any injury arising from administration of the medication to my child. If procedures specified by NJ law and Burlington Institute of Technology are followed, I shall indemnify and hold harmless the Burlington County Institute of Technology and it's employees or agents against any claims arising out of administration of medication to my child.

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

\_\_\_\_\_  
Date

Please Sign

I understand that under NJ state law, a trained delegate will be assigned to administer epinephrine to my child **in the absence of a school nurse**. Antihistamines may not be given by a delegate. In the absence of a school nurse, any antihistamine order will be disregarded and epinephrine will be administered by a trained delegate.

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

\_\_\_\_\_  
Date

**School Use Only**

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Nurse

\_\_\_\_\_  
Date