GREATER NEW BEDFORD REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL

1121 Ashley Boulevard, New Bedford, MA 02745-2496
Tel. 508-998-3321 Fax 508-995-7268 www.gnbvt.edu

Preparation • Passion • Perseverance

Dear Parent/Guardian,

According to your child's school health record, your child has a Life Threatening Allergy. Enclosed is a packet with instructions and **required** paperwork for you and your child's medical provider to complete for the start of school. All documents in this packet must be completed and returned along with the prescribed epinephrine auto-injector (i.e. EpiPen/Auvi-Q) ***for the first day of school.*** A ***checklist*** is enclosed for your convenience.

If your child is planning to participate in a Fall sport, all paperwork must be submitted to the school nurse's office ***before the start of the Fall season*** (including tryouts). No student will be allowed to participate in activities outside of the school building without the required paperwork as well as the epinephrine auto-injector.

Please take the time to review this required paperwork for your child as well as the attached checklist in detail to ensure completion of all documents, including the FARE form that must be **completed by the physician and signed by you**.

If you have any questions regarding this packet, please call the nurse's office at 508 998-3321, extension 204/205. Please note the direct fax number into the nurse's office is 508-998-4647.

Thank You,

School Nurses

Greater New Bedford Regional Vocational Technical High School

1121 Ashley Boulevard • New Bedford, Massachusetts 02745-2496 • 508-998-3321 • FAX: 508-995-7268

Nurse's Office | 508-998-3321 ext. 204/205/661/791 | FAX 508-998-4647

Life Threatening Allergy Checklist:

☐ **Licensed Prescriber's Medication Order**

☐ Completed and signed by medical provider **(Please ask your child's healthcare provider to indicate 'YES' for self-administration to ensure your child is permitted to carry their EpiPen)**

☐ **Consent: Parent/Guardian Authorization for Medication:**

☐ Completed and signed by parent/guardian

☐ **Emergency Care Plan: FARE FORM**

☐ Completed and signed by parent/guardian

(Parent/guardian signature and list emergency contacts on page 2)

☐ **Supplemental Health History form:**

☐ Completed and signed by parent/guardian

RE: EPINEPHRINE AUTO-INJECTORS (i.e. EpiPen/Auvi-Q/generic): 2 epinephrine auto-injectors are required, 1 for student to carry at all times in backpack and 1 to be stored in Nurse's Office.

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Parent/Guardian Authorization for Dispensing Medication

(To Be Completed By Parent/Guardian)

Student's Name:	DOB:	Gender:	
Address:	City:	State:	Zip:
Parent/Guardian Name(s):	Home Phone:	Cell Phone:	Work Phone:
Emergency Contact (If Parent/Guardian unavailable):	Telephone:	Relationship:	

My child is currently receiving the following medications (to be completed if not in violation of confidentiality). Please list all medication the child is receiving, including those given during the school day:

My child is known to have the following allergies:

I give permission to have the school nurse/trained personnel give the following medications:

Prescribed by:	To (Child's Name):

I give permission for my child to self-administer the medication if the school nurse determines that it is safe and appropriate.
YES ☐ NO ☐

My child has my permission to self-administer his/her inhaler according to the physician's order/instructions on the day of his/her field trip.
YES ☐ NO ☐

My child has my permission to self-administer his/her daily medication according to the physician's order/instructions on the day of his/her field trip.
YES ☐ NO ☐

I give permission for the school nurse to train unlicensed school personnel to administer epinephrine (by auto-injector) to my child with a diagnosed life-threatening allergic reaction condition when the school nurse (RN) is not immediately available or on field trips. YES ☐ NO ☐

I understand that I may retrieve the medication from the school at any time and that the medication will be destroyed if it is not picked up within one week following the expiration of the order or by the last day of the school year. I also understand that the school nurse may share, with appropriate school personnel, information relative to the prescribed medication, e.g., adverse effects, as he/she determines necessary for my child's health and safety. (if you object to this, please contact the school nurse).

Signature of Parent/Guardian:	Date:	Relationship to Student:

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:

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.

* _____
PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE DATE

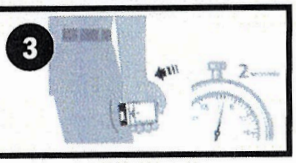
* Please complete back side

FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

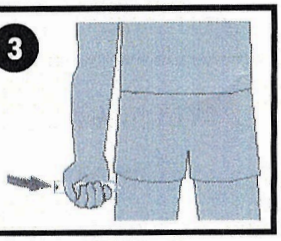
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

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.



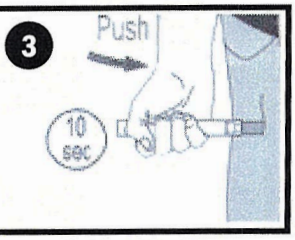
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION

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.



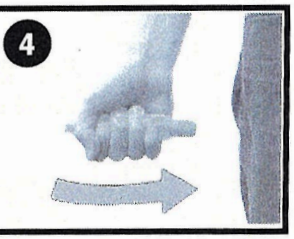
HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

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.



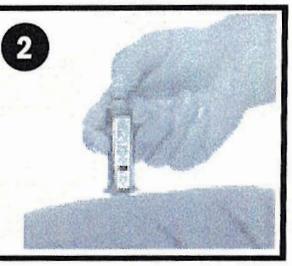
HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

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.):

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: _____

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

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Life Threatening Allergy Supplemental Health History

Student's Name:	DOB:	ID#:	YOG:

Dear Parent/Guardian,
According to your child's school health record, your child has a history of a Life Threatening Allergy.

PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO THE SCHOOL NURSE.

Life Threatening Allergy:

☐ Insect Bites	List Insects:
☐ Foods	List Foods:
☐ Medication	List Medications:
☐ Other	List Other:

Typical Symptoms:

Please identify if symptoms occurred with:	Ingestion	Touch (tactile)	Inhalation
	YES ☐ NO	YES ☐ NO ☐	YES ☐ NO ☐

Age when **FIRST** reaction occurred:

Date of **MOST RECENT** reaction:

What medications does your child's physician recommend be available at school?

Epinephrine Brand/Generic:	*(Epipen/Auvi-Q/generic)*		
Epinephrine Dose:	(0.3 mg) ☐	(0.15 mg) ☐	
Antihistamine	*(Benadryl/Zyrtec/other)*		Antihistamine Dose:
Bronchodialtor/Inhaler:			

Please be sure all medications are at the nurse's office for the first day of school. If your child plans to participate in a sport, please contact the athletic trainer.

Signature of Parent/Guardian:	Date: