

RANDOLPH TOWNSHIP SCHOOLS
RANDOLPH, NEW JERSEY

Date: _____

Dear _____:

The health care forms you submitted for _____ indicate that
(Student's name)
he/she has a potentially life threatening allergy. Information on the school district's policy for responding to anaphylaxis is enclosed.

In order to be prepared to respond to an anaphylaxis emergency, the school requires the following:

- _____ 1. Have the enclosed Physician's Certification of Student's Potential for Anaphylaxis and Emergency Health Care Plan Information Form and Authorization for medication form completed by your physician. These forms contain instructions the school is to follow in the event your child experiences an allergic reaction at school.
- _____ 2. Secure two epinephrine auto-injectors. One auto-injector will remain in the health office/main office. Placement of the second auto-injector will be determined by the parent(s)/guardian(s) in collaboration with the school nurse. Provide uni-doses of antihistamine, if so ordered.
- _____ 3. Provide two small pictures of your child which will be attached to copies of the Physician's Certification of Student's Potential for Anaphylaxis and Emergency Health Care Plan Information Form.
- _____ 4. Contact me by _____ to schedule an appointment to complete an Individual Student Health Plan for Anaphylaxis. Please bring the completed Physician's Certification of Student's Potential for Anaphylaxis and Emergency Health Care Plan information Form and Authorization for Medication form with you to the meeting.

I welcome the opportunity to meet with you to discuss your child's allergy.

Sincerely,

School Nurse

School

Phone Number

RANDOLPH TOWNSHIP PUBLIC SCHOOLS

25 SCHOOL HOUSE ROAD, RANDOLPH, NJ 07869

(973) 361-0808

Jennifer A. Fano
Superintendent

jfano@rtnj.org
973-361-2405 (FAX)

Dear Parent/Guardian:

The purpose of this letter is to inform you of the district guidelines regarding the use of medication by students during school field trips.

The school nurse, who dispenses medication to students during the school day, will only attend field trips for individual classes based on available resources and staffing. Therefore, we have established the following provisions to accommodate the needs of students who require medication:

Life Threatening Conditions:

- Laws are in place, which allow self-administration of medication in potentially life-threatening situations (N.J.S.A. 18A: 40-12.3). These medications include asthma inhalers and epinephrine. To use this option, you must provide written documentation from your child's physician certifying that your child is capable of self-administering his/her medication; and you must also provide written authorization for your child to self-administer the medication. The certification and authorization form is available from the school nurse.
- Parents of students at risk for life-threatening allergies, who are not yet able to self-administer but who may carry their medication, may elect to use one of the options listed below:

Students may be accompanied on the field trip by a district employee trained in the administration of epinephrine according to standard training protocols established by the State of New Jersey. Parents/guardians must consent in writing to the administration of epinephrine to his/her child by the trained employee and complete an authorization form, which is available from the school nurse (18A:40-12.6).

Students may be accompanied on the field trip by his/her own parent/guardian, at their own expense.

- Students who can neither self-medicate nor carry medications for life-threatening allergies may be attended to by:

His/her own parent/guardian accompanying the student on the trip, at their own expense.

Pending available resources and staffing, a nurse accompanying the student on the trip.

Other Conditions Requiring Medication:

- The following options are available to parent(s)/guardian(s) of students who are not at risk for life threatening conditions but require a daily dose of a medication:
 1. The student may receive the medication prior to, or following, the trip;
 2. The school nurse may receive permission from the child's parent/guardian, through communicating with the child's physician, to adjust the medication to fit the times of the trip, as per written documentation from the physician;
 3. The student may be accompanied on the trip by his/her own parent/guardian, at their own expense.

All forms related to the options mentioned above must be submitted prior to the date of your son/daughter's trip. Please call the school nurse if you require additional information.

Sincerely,



Jennifer Fano

FIELD TRIPS – SUPERINTENDENT MEMO

We commit to inspiring and empowering all students in Randolph Schools to reach their full potential as unique, responsible and educated members of a global society.

RANDOLPH TOWNSHIP SCHOOLS
 RANDOLPH, NEW JERSEY
 PHYSICIAN'S CERTIFICATION OF STUDENT'S POTENTIAL FOR ANAPHYLAXIS AND
 EMERGENCY HEALTH CARE PLAN INFORMATION

STUDENT NAME: _____ DOB: _____
 SCHOOL: _____ GRADE/HOMEROOM TEACHER: _____

Allergy diagnosis (Please include the description of patient's allergy, additional medical conditions and dietary restrictions): _____

____ Student is approved for participation in sports without restriction
 ____ Patient cannot self-medicate ____ Patient should carry auto-injector on his/her person ____ Patient can self-medicate

NOTE: PHYSICIAN CERTIFICATION FOR SELF-MEDICATION PURSUANT TO NJSA 18:A:40-12.3 must be completed.

Allergic Reaction Risk Level ____ Moderate ____ High
 Signs of past allergic reaction have included (please circle):

<u>Systems</u>	<u>Symptoms</u>
Mouth	Itching and swelling of the lips, tongue or mouth
Throat*	Itching and/or a sense of tightness in the throat, hoarseness and hacking cough
Skin	Hives, itchy rash and/or swelling about the face or extremities
GI	Nausea, abdominal cramps, vomiting and/or diarrhea
Lung*	Shortness of breath, repetitive coughing and/or wheezing
Heart*	*Thready pulse, "passing out"

***All above symptoms can potentially progress to a life-threatening situation!!**

ACTION:

1. Administer epinephrine _____ (dosage) via an auto-injector immediately.
2. Due to the rapid progression of anaphylaxis and the critical need for immediate availability, I authorize _____ (student's name) to carry the epinephrine auto-injector on his/her person.
3. Call 911. Inform dispatcher that the student is experiencing anaphylaxis.
4. Call:
 - Mother: _____ Home# _____ Work# _____ Cell# _____
 - Father: _____ Home# _____ Work# _____ Cell# _____
 - Emergency Contacts: 1. _____ Home# _____
 - (if unable to contact parents)
 - 2. _____ Home# _____
5. Call Dr. _____ Phone# _____

**DO NOT HESITATE TO ADMINISTER EPINEPHRINE OR CALL RESCUE SQUAD
 EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED!**

 Parent/Guardian Signature Date

 Parent/Guardian Signature Date

 *Physician's Signature Date

***To be signed and completed by physician**



RANDOLPH TOWNSHIP SCHOOLS
RANDOLPH, NEW JERSEY
INDIVIDUAL STUDENT HEALTH PLAN FOR ANAPHYLAXIS

FOR: _____ SCHOOL: _____ GRADE: _____
(Name of Student)

SCHOOL YEAR: _____ HOME ROOM: _____

A. Diet

Allergic to: _____

√ = indicates items that are components of the student's health plan.

Parent/Guardian will be provided copies of 3A through D referred to in the Procedures for Students at risk for Anaphylaxis.

The student must be informed by the family and physician about foods to avoid.

_____ The student may not eat any foods during the school day except as provided by the home.

_____ The student brings lunch from home.

_____ Snacks supplied from home will be kept in the homeroom and used as needed during the school day.

_____ The student may not come in contact with offending food(s):
_____ smell _____ feel _____ taste

_____ Cleaning of school furniture is required prior to student use if known food contamination has occurred. Note: the classroom teacher notifies the custodian of the need for cleaning furniture due to food contamination.

_____ The student does or does not need to sit at the nut free table at lunch.

_____ The parent will notify the principal and Health Office when the student will be attending a school sponsored activity – i.e. sports, field trip, club, etc.

_____ Other: _____

B. Classroom/School Routines and Activities

_____ The student's epinephrine auto-injector will be located:

(please check) fanny pack notebook case health office
 main office back pack

_____ The student is transported by school bus # _____.

_____ The student drives to school.

- The parents transport the student to and from school.
- The student walks to and from school.
- Parent or designee should attend school functions beyond the school day; i.e., plays, concerts, family nights where refreshments/snacks are typically provided.
- The student, who is authorized to carry, will have a single dose epinephrine and uni-dose premeasured antihistamine on his/her person at all times.
- The parent will replace all single dose epinephrine and antihistamine upon expiration.
- Teacher shall notify the parent/guardian when foods are being served during classroom celebrations and field trips.
- If the parent does not want a volunteer delegate assigned to his/her student, the parent must submit that in writing to the health office.
- This IHCP – Anaphylactic Plan may be shared with individuals who provide direct school, health, safety, educational and sport services to this student.

NOTE: Having the auto-injector carried in a fanny pack on the student's person is the only option that ensures availability of the epinephrine at all times.

C. Response to an Episode

- The adult in charge calls or designates another adult to call 911. The caller must specify that the student is experiencing anaphylaxis.
- Simultaneously to the call to 911, epinephrine via auto-injector is administered by the school nurse, principal or trained volunteer in the school.
- Follow up is carried out by the appropriate personnel including transportation to the nearest hospital emergency room by emergency medical personnel when appropriate.
- Other: _____

_____	_____
School Nurse's Signature	Date
_____	_____
Parent/Guardian's Signature	Date
_____	_____
Parent/Guardian's Signature	Date

AUTHORIZATION FOR EPIPEN DESIGNEE

When the school nurse is not available, I (we) _____
(Mother)

_____ the parents/guardians of _____
(Father) (Child)

authorize the administration of epinephrine via auto-injector to my child by a designated staff member trained by the school nurse. I understand that the Randolph School District shall have no liability as a result of any injury arising from the administration of the epinephrine via the auto-injector to the child. I/we indemnify and hold harmless the District and its employees or agents against any claims arising out of the administration of the epinephrine auto-injector to my child.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

RANDOLPH TOWNSHIP SCHOOLS

RANDOLPH, NEW JERSEY

Parent Authorization for Medication to be Taken During School Hours

Student's Name: _____ Sex: _____ Date of Birth: _____

School: _____ Teacher: _____ Grade: _____ Room: _____

Physician's Name _____ Address _____ Telephone _____

I request that my child be assisted in taking the medicine(s) described below at school by authorized persons.

Parent/Guardian Signature _____ Date _____

Parent/Guardian's Name (please print) _____ Home Phone _____ Cell Phone _____

Physician Authorization for Medications to be Taken During School Hours

Type of Illness: _____

Medication/Dosage: _____

Times to be Administered: _____

If medication is "when needed", describe indications:

How soon can dosage be repeated? _____

Possible Side Effects: _____

Length of time medication is to be continued or school year:

Physician's Signature _____ Date _____

Physician's Name (please print) or stamp

**RANDOLPH TOWNSHIP SCHOOLS
RANDOLPH, NEW JERSEY**

Physician Certification for Self-Medication Pursuant to N.J.S.A. 18A:40-12.3

Name of Student: _____ School: _____

Teacher: _____ Grade: _____

School year: _____

Name and Address of Parents/Guardians:

Medical Condition: _____

Medication/Dosage: _____

Possible Side Effects: _____

I certify that _____ suffers from _____, a
(student) (condition)

Potentially life-threatening illness. I have discussed the administration of this medication with the above-named student and I certify that he/she is capable of and has been instructed in the proper method of self-administration of the medication in an emergency situation as directed above.

Physician's Signature Date

Physician's Name (please print) or stamp

Parent Acknowledgment and Authorization Pursuant to N.J.S.A. 18A:40-12.3

I hereby authorize the above-named student to self-administer medication in potentially life threatening situations as evidenced by my submission of the above Physician Certification.

By also signing the Acknowledgment, I understand that the Board of Education, its employees or agents shall incur no liability, as a result of any injury arising from the self-administration or medication of the student.

I hereby indemnify and hold harmless the Board and its offices, employees and agents against any claims arising out of the self-administration of medication by the student.

Parent or Guardian Signature Date

Parent/s or Guardian's Name (please print) Student's Name (please print)

RANDOLPH TOWNSHIP SCHOOL
INFORMATION SHEET
THE TREATMENT OF ANAPHYLAXIS IN SCHOOL

WHAT IS ANAPHYLAXIS?

Anaphylaxis is a sudden, severe allergic reaction that may involve the skin, the respiratory tract, the gastrointestinal tract, and in some cases, the cardiovascular system (1). In children attending school, anaphylaxis is generally the result of allergic reactions to foods, insect stings, or rarely, medications. Patients with asthma are at greatest risk of severe anaphylactic reactions.

Signs and symptoms of anaphylaxis vary considerably from patient to patient, but frequently begin with a tingling sensation; itching or metallic taste in the mouth followed by itching and tightness in the throat hives and/or generalized swelling of the face and extremities. This may be followed by a sensation of "air hunger" and wheezing, nausea, abdominal cramps and vomiting, a drop in blood pressure and loss of consciousness. Onset of symptoms may be within minutes or delayed up to one hour and the time course of the reaction may follow one of three patterns (2): uniphasic with rapid progression of symptoms, biphasic with early symptoms followed by apparent resolution for one to two hours and then rapid development of respiratory symptoms and/or hypotension, or uniphasic with protracted symptoms despite medical management.

WHAT IS THE APPROPRIATE RESPONSE TO AND TREATMENT FOR ANAPHYLAXIS?

The rapidity with which life-threatening reactions may develop in susceptible children necessitates the availability and early, appropriate administration of epinephrine (adrenaline) followed by *immediate* transport to an emergency room at the first sign of anaphylaxis symptoms. Children at risk for anaphylactic reactions must be identified to the school. School personnel will be trained to recognize symptoms of impending anaphylaxis and to summon an emergency service for transport to the nearest emergency facility. In addition to the school nurse, some personnel volunteers may be trained to administer epinephrine.

At the first sign of laryngeal symptoms (itching or tightness in the throat), difficulty breathing (shortness of breath or wheezing), and/or the sequential development of skin and gastrointestinal symptoms, the child should be given an injection of epinephrine (adrenaline) and transported to the nearest emergency facility. Each child should have a specific emergency plan with the dose of epinephrine to be given and the telephone number of the child's parents or guardians and physician. In no case should treatment or transport be delayed if the parents, guardians or the physician cannot be reached.

Epinephrine is the most effective drug for treating anaphylaxis and should be readily available for any child at risk for anaphylaxis. It is most easily administered with an auto-injectable device in the lateral thigh muscle.

Prompt recognition of signs and symptoms of anaphylaxis, early administration of epinephrine, and rapid transport to an appropriate emergency facility are the keys to successful response to anaphylaxis.

WHAT IS THE SCHOOL DISTRICT AUTHORIZED TO DO TO TREAT ANAPHYLAXIS?

N.J.S.A. 18A:40-12.5 and 12.6 directs boards of education to develop policies for the emergency administration of epinephrine via auto-injector. Randolph Township Board of Education Policy No. R5331 entitled, "Emergency Administration of Medication", was adopted pursuant to this statutory directive. Under this policy, the school nurse has primary responsibility for the administration of epinephrine via auto-injector but may designate a trained volunteer to act when the nurse is not physically present at the scene. The school district must have written orders from the student's physician indicating that the student's allergies require the administration of epinephrine and that the student cannot self-administer the epinephrine. In addition, the school district must have the physician and parents/guardians written consent to administer epinephrine via auto-injector by the trained volunteer designated by the nurse, as well as a signed statement from the parent/guardian releasing the school district from liability and agreeing to indemnify and hold the school district harmless from any claim arising out of the administration of epinephrine by the trained volunteer.

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1. Bochner BS, Lichtenstein LM: Anaphylaxis. N Engl J Med 1991; 324:1785-1790
 2. Sampson HA, Mendelson L, Rosen JP: Fatal and near-fatal food-induced anaphylaxis reactions in children. N Engl J Med 1992; 327:380-384.
 3. New Jersey Department of Education: Guidelines for Management of Life-Threatening Food Allergies in Schools: September 2008