



ANAPHYLAXIS ACTION PLAN

_____/_____
 Name Age/DOB

History of asthma Yes No Allergies Yes No NOTE: "Yes" indicates increased risk factors.

Allergens known to trigger anaphylactic reactions for this person:

Epinephrine auto-injector brand name and dose:

NOTE: Epinephrine is always the FIRST medication given. Administer secondary medications if needed:

Patient has been taught how and when to use this epinephrine auto-injector: Yes No

NOTE: Due to the nature of anaphylaxis, the patient may or may not be able to self-administer medication during a crisis.

A Act immediately: Administer epinephrine auto-injector in thigh when:

C Call for help: 911/Rescue Squad. Speak to at least one person on the emergency contact list below.

E Expect RAPID results: IF NO IMPROVEMENT WITHIN 5 - 10 MINUTES, administer second epinephrine auto-injector dose.

EMERGENCY CONTACT INFORMATION:

 Name Phone Relationship

 Name Phone Relationship

 Name Phone Relationship

 Healthcare Provider Signature Contact Number Date

 Patient or Parent/Guardian of minor child Contact Number Date



Middle Township Middle School

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J. ORTMAN
Principal

A. HODGES
Asst. Principal

STUDENT'S NAME: _____

DATE OF BIRTH: _____

TEACHER: _____

AUTHORIZATION OF DELEGATE'S ADMINISTRATION OF EPI-PEN:

I understand that the school nurse shall have primary responsibility for the emergency administration of Epinephrine. I authorize the school nurse to designate in consultation with the Board of Education, additional employees of the school district who volunteer to administer the pre-filled, single dose auto-injector mechanism containing epinephrine to my child for anaphylaxis. I hereby acknowledge my understanding that no school employee, including a school nurse, a school bus driver, a school bus aide, or any other officer or agent of a board of education, shall be held liable for any good faith act or omission consistent with the provisions of this act N.J.S.A. 18A:40-12.5, nor shall an action before the New Jersey State Board of Nursing lie against a school nurse for any such action taken by a person trained in good faith by the school nurse pursuant to this act. Good faith shall not include willful misconduct, gross negligence, or recklessness.

ACKNOWLEDGED BY:

STUDENT'S PARENT/GUARDIAN **DATE**

REVIEWED BY:

SCHOOL NURSE **DATE**

The following teachers/staff have volunteered and have trained to be Epi-Pen delegates:

