

**Emergency Health Plan for Anaphylaxis
Student/Parent Instructions**

**Timothy Christian School
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Phone (732) 985-0300 ext. 618 Fax (732) 248 4271**

The Emergency Health Plan for Anaphylaxis is designed to help facilitate and coordinate the care of an individual student to achieve the goal of rapid and appropriate treatment of an anaphylactic reaction.

1. Students/Parents/Guardians: *Before taking this form to your Health Care Provider:*

Complete the top of the form with:

- Student's name
- Student's date of birth
- Student's doctor's name and phone number
- Parent/Guardian's name and phone number

2. Your Health Care Provider will:

Complete the following areas:

- The effective date of this plan
- The medicine information for the Caution and Emergency sections
- Your Health Care Provider will check the boxes next to the medications and check the boxes for how much and when to administer/take them
- Your Health Care Provider may check "OTHER" and write in antihistamine medications that are not listed on the form

3. Students/Parents/Guardians and Health Care Providers together:

Discuss and then complete the following areas:

- Student's Allergen List
- **For Minors Only** section at the bottom of the form – Discuss the student's ability to carry and/or self-administer the Epinephrine Auto-Injector, check the appropriate box, designate your Hospital preference (which will be honored if possible at the discretion of the EMS/Paramedics at that time) and then both you and your Health Care Provider must sign and date the form.

4. The School Nurse will designate and train the appropriate School Staff as Delegates for the Emergency Administration of the Epinephrine Auto-Injector when the School Nurse is not physically present in accordance with New Jersey State Law.

5. Parents/Guardians: *After completing the form with your Health Care Provider will:*

- Give the signed original form to the School Nurse
- Provide the *labeled* medications as ordered by your Health Care Provider *in their original containers* to your School Nurse