

Consent for Administration of Epinephrine to Treat Severe Potentially
Life Threatening Allergic Reaction

The American Academy of Asthma Allergy and Immunology estimates that approximately 1% to 2% of the general population is at risk for anaphylaxis, a life threatening systemic reaction related to food allergies or insect stings, and less commonly exposure to substances like latex. Many of these reactions may occur for the first time, without prior warning or symptoms.

The Hawthorne Cedar Knolls Union Free School District recognizes that food allergies and insect stings may place our student population at risk for anaphylaxis.

Avoidance of allergens is the most important aspect in preventing anaphylaxis; however the potential for accidental exposure exists. To allow for timely emergency care of an individual who suffers a first time anaphylactic episode, HCKS UFSD maintains non-patient specific standing orders for treatment of anaphylaxis and a protocol for administration of this order as per NYS regulations. The non patient specific standing order does not supersede a patient specific order.

Anaphylactic treatment agents given under patient non specific orders will only be administered by an RN in response to a severe, life threatening allergic reaction.

If Epipen® or Epipen Jr® is administered under patient non specific orders, the following actions will occur:

- 911 will be activated and student will be transported to the nearest local hospital emergency room. EMS and other follow up care providers will be given information identifying which anaphylactic treatment agent(s) were administered, time given, dose, and route of administration.
 - Parent, guardian or other designated emergency contact will be notified of the incident immediately.
 - A copy of the anaphylaxis report will be provided to students' primary practitioner/provider unless contact information is not available.
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I have read the above information about the Hawthorne Cedar Knolls UFSD policy on Anaphylaxis and the administration of anaphylactic treatment agents in an emergency situation. I have been given the opportunity to speak with the school nurse and /or the district Nurse Practitioner, and all of my questions have been answered.

_____ If my child experiences a severe and potentially life threatening allergic reaction, I give my permission for treatment to be administered.

_____ If my child experiences a severe and potentially life threatening allergic reaction, I do not give my permission for treatment to be administered.

_____ <i>Parents name</i>	_____ <i>date</i>	_____ <i>Students Name</i>
_____ <i>Witness</i>	_____ <i>date</i>	