



Edgemont School District  
Greenville School  
Seely Place School  
Scarsdale, New York 10583

Marisa Ferrara, Principal

Eve Feuerstein, Principal

Dear Parents and Guardians of our Greenville and Seely Place Students,

Welcome to Edgemont! We are thrilled that you are joining our community and we look forward to getting to know your children and you over the years to come!

Attached you will find a packet of required medical forms to fill out as well as information about our Health Office practices and requirements. Please read everything thoroughly and contact our school nurses if you have any questions.

We would like to stress a particularly important piece of information which is that students must be completely up-to-date with all required immunizations prior to the first day of school or they will not be permitted to attend class. This packet contains a chart with the required immunizations; please consult with your pediatrician to confirm that all have been administered. We are all eager to meet all of our new students on the first day of school, so we strongly encourage you to ensure that all of your child's immunizations are current so that he/she can get off to a great start!

In addition, all students must have a current medical exam completed within the first two weeks of school. We encourage you to have this done prior to the start of school in order to ensure that there is no disruption to your child's school attendance.

We hope that your transition to Edgemont is a smooth one and wish you all the best in your years with us.

Sincerely,

*Marisa Ferrara*

Marisa Ferrara  
Greenville School Principal

*Eve Feuerstein*

Eve Feuerstein  
Seely Place School Principal



## Health Office

Edgemont School District  
Greenville School  
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### *New Student Welcome Packet*

Hello Families,

Welcome to Edgemont School District. We are very excited for you to join our community! Please read the following information to ensure that your child's transition will be a smooth one.

If you are transferring to Edgemont from **within** New York State, we ask that you submit a copy of your child's current Health Appraisal (physical exam) and immunization record. This must be from within the last year. All immunizations must be up to date before the start of school. New York State requires all students to be immunized before they attend school. The only exceptions are students with medical exemptions. Please note, if you are unable to provide this information, your child will be excluded from school.

All out of state incoming students will need to have a completed Health Appraisal (physical exam) administered by a New York State physician within two weeks from the start of school. If you are out of the country, you will be granted a 30 day grace period from the start of school to complete this process.

A dental examination is required during the school year.

You will only need to fill out the "Emergency Health Forms" if your child has a severe food or insect allergy.

Our school physician is Dr. Eric Small who is located at 220 North Central Avenue, Hartsdale 914-666-7900. Please call our office for a list of other physicians in the area.

If you have any medical concerns or issues, please speak with the Health Office before your child starts school. If your child requires daily or as needed medication, you will need to provide a medication authorization form filled by your pediatrician and also signed by a parent.

We have included a copy of our Health Office policy for your review.

Greenville Health Office phone is 914-472-7764 (office hours are from 8:15am -3:45pm). Greenville fax number 914-472-3161. Seely Place Health Office phone is 914-472-8040 (office hours are from 8:00am -3:30pm). Seely fax number 914-472-3512. We can also be reached by email if there are any questions and/or concerns.

Thank you very much.

The Greenville and Seely Place School Nurses



## Health Office

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### *Elementary School Health Office Policy*

In order to best care for your children, we ask that you follow the reminders we have listed below:

1. Please call or email the Health Office by 8:45 am if your child is going to be absent or late. If you know of any absence in advance, please notify the teacher and the Health Office.
2. Please have your child stay at home if they are not feeling well. If they go to school, their condition may worsen and their illness may spread to others. A child may return to school after all symptoms are gone and they are diarrhea/vomit/fever free for 24 hours. This means, for example, that if a child is sent home at 10:00am on a Monday, the earliest he/she may return to school after being symptom free for 24 hours would be Wednesday. Please report to our office any confirmed diagnosis of any contagious illness such as strep throat, conjunctivitis, fifth disease, flu, etc.. Also, please report any case of head lice.
3. Please keep all medical information up to date.
4. Physical exams (health appraisals) are required every year. All students must have a current health appraisal on file from a New York State physician. All immunizations that are required by New York State must be given prior to entrance to school.
5. New York State has regulations for the administration of medication in school. The following steps should be taken if your child is in need of any medication, including over the counter medication during the school day.
  - a. We must have on file a written request signed by you and your physician.
  - b. All medication must be delivered to the Health Office by the parent.
  - c. The medication must be in the original container, as it is received from the pharmacist. Over the counter medication must be in the original container and be labeled with the name of the child and description of the dosage.
  - d. The medication must be kept in the Health Office.
  - e. Students are not allowed to carry any medications on the school premises.
6. If a student needs to be excused from PE and/or recess, they must submit a note from their doctor explaining why and for how long. A note will be required to return to PE after injury.
7. Vision and hearing tests are done throughout the school year. If you notice a problem, please call us. Teachers will also bring any concerns they have to our attention.

8. Please remember to notify us when there is a change in your emergency or work telephone numbers.
9. Keep in close contact with the school if there are any significant changes in your home.

Thank you for your cooperation.

Aine O'Sullivan, RN Greenville School Nurse  
914-472-7764 or aosullivan@edgemont.org

Julia Firer, RN Seely Place Nurse  
914-472-8040 or jfirer@edgemont.org

Health Office

## **WHEN TO KEEP YOUR CHILD HOME**

**CONJUNCTIVITIS (PINK EYE):** Redness and significant discharge from the eye, may indicate "pink eye." If your child is diagnosed with bacterial conjunctivitis, he or she may return to school after your child has received medication (eye drops) for 24 hours.

**COUGH/COLD SYMPTOMS:** If your child is not feeling well or has a significant cough that makes him or her feel uncomfortable or disrupts the class, it is important to keep them home to recover and possibly be evaluated by your pediatrician. Coughs can be symptoms of mild colds or more significant illnesses including covid, RSV, bronchitis, flu, or pneumonia.

**COVID-19:** If your child is positive for Covid 19, please notify the Health office. Your child will need to stay home and isolate for 5 days, starting with the first day of symptoms or date of positive test if asymptomatic, which is day 0. After completing isolation, your child will need to wear a mask when they return for an additional 5 days and can remove their mask after day 10. Your child must also be fever free without the use of medications and other symptoms improving and minimal to return. Testing is still recommended for people with symptoms of COVID-19 as soon as possible after symptoms appear. However, quarantine is no longer recommended for people who are exposed to COVID-19.

**DIARRHEA or VOMITING:** Your child needs to be kept home for at least 24 hours after the last episode of diarrhea and/or vomiting (without medication). For example, if your child is sent home on a Monday, the earliest he/she may return to school after being symptoms free for 24 hours would be Wednesday.

**FEVER:** If your child has a temperature of 100.4 degrees or higher, he/she must stay at home. Your child must be fever free for 24 hours (without medication) before returning to school. Please note that the time starts 8 hours after the last dose of fever reducing medicine, not the actual fever itself.

**FIFTH DISEASE:** Fifth Disease is a very contagious viral illness spread by coughing and sneezing. The initial symptoms are usually mild and may include fever, runny nose, and headache. After several days, the child may develop a red rash on the face that resembles slapped cheeks. This illness is most contagious prior to the rash presentation. Once the rash develops, it is fine to return to school if there is no fever for 24 hours and no other significant symptoms. While fifth disease is a relatively mild illness, it can cause serious complications to people with weakened immunity and during pregnancy. Therefore, it is very important that you contact the health office if your child has been diagnosed with this illness.

## **WHEN TO KEEP YOUR CHILD HOME (continued)**

**LICE:** If your child is diagnosed with lice, please contact the Health office. It is advised that your child be treated as soon as possible to avoid further spread to other children in the class. Your child must be cleared by the Health office nurse before returning to school.

**RASH:** If your child develops a skin rash it is important to consult with your doctor. Some skin rashes can indicate infectious illness and other rashes may require antibiotic treatment. Some rashes that should be checked before sending your child to school include: •Honey crusted sores which may indicate impetigo •Rash in various stages including boils, sores, and bumps that may indicate chicken pox •Significant rash accompanied by other symptoms of illness such as fever

**RSV:** Respiratory syncytial virus, or RSV, is a common respiratory virus that usually causes mild, cold-like symptoms. Symptoms of RSV infection usually include: runny nose, decrease in appetite, coughing, sneezing, fever, wheezing. These symptoms usually appear in stages and not all at once. Most RSV infections go away on their own in a week or two. RSV can spread when an infected person coughs or sneezes or touch a surface that has the virus on it, like a doorknob, and then touch your face before washing your hands. People infected with RSV are usually contagious for 3 to 8 days and may become contagious a day or two before they start showing signs of illness. A child can return to school when he/she cleared by their medical provider and the child is fever free for 24 hours without fever reducers (such as Tylenol / Motrin) and symptoms improving and no longer wheezing.

**SORE THROAT:** A sore throat that is severe, accompanied by a fever that persists for longer than 48 hours, or after known exposure to a confirmed case of Strep Throat should be evaluated. Other symptoms of Strep Throat can include headache and stomach upset. If your child is diagnosed with Strep Throat, he or she can return to school 24 hours after antibiotic treatment was initiated AND after your child is fever free for 24 hours.

**QUESTIONS:** If you have any questions regarding your child's health or are unsure whether you should send your child to school, please do not hesitate to contact The Health Office and speak to our nurses. We welcome your communication and look forward to assisting you in your child's healthcare needs.



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***Medication Authorization Form***

Individualized Orders for: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

1. Standard Over-the-Counter/PRN Medications: The following medications are the only ones available in the Health Office. For any other medications, see below. These medications will be administered at the discretion of the RN only if signed approval is indicated by **both** the student's physician and **parent**.

Drug Name	Route	Dosage	Schedule and Indications	Comments
Tylenol tablets (acetaminophen)	po		Q___ Hr. for:	
Advil tables (ibuprofen)	po		Q___ Hr. for:	
Throat Lozenges	po		Q___ Hr. for:	
Benadryl Capsules (diphenhydramine hydrochloride)	po		Q___ Hr. for:	

2. Prescription and any other Over-the-Counter Medications: Please complete with patient's current regimen for both scheduled and PRN medications.

**All medications must be provided directly to the nurse by a responsible adult in the original container with your student's name on it.**

Drug Name	Route	Dosage	Schedule and Indications	Comments

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 License Number: \_\_\_\_\_ Phone: \_\_\_\_\_

***\*\* I authorize the school RN to dispense the medication prescribed by the above physician.***

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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*Dental Form*

Individualized Orders for: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_

Please have this form completed by your family dentist at the time of your child's dental examination.

- \_\_\_\_\_ Patient has been examined and requires no treatment at this time.
- \_\_\_\_\_ Patient is under dental treatment at this time.
- \_\_\_\_\_ Patient has completed all dental treatment.

Additional Remarks: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# 2022-23 School Year New York State Immunization Requirements for School Entrance/Attendance<sup>1</sup>

**NOTES:**

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

**Dose requirements MUST be read with the footnotes of this schedule**

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) <sup>2</sup>	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older		3 doses
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap) <sup>3</sup>		Not applicable		1 dose
Polio vaccine (IPV/OPV) <sup>4</sup>	3 doses		4 doses or 3 doses if the 3rd dose was received at 4 years or older	
Measles, Mumps and Rubella vaccine (MMR) <sup>5</sup>	1 dose		2 doses	
Hepatitis B vaccine <sup>6</sup>	3 doses		3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years	
Varicella (Chickenpox) vaccine <sup>7</sup>	1 dose		2 doses	
Meningococcal conjugate vaccine (MenACWY) <sup>8</sup>		Not applicable	Grades 7, 8, 9, 10 and 11: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) <sup>9</sup>	1 to 4 doses			Not applicable
Pneumococcal Conjugate vaccine (PCV) <sup>10</sup>	1 to 4 doses			Not applicable

1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019 and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
  - b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
  - c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
  - d. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6, 7 and 8: 10 years; minimum age for grades 9 through 12: 7 years)
  - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
  - b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2022-2023, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6, 7 and 8; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 9 through 12.
  - c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
  - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
  - c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
  - d. For children with a record of OPV, only trivalent OPV (TOPV) counts toward NYS school polio vaccine requirements. Doses of OPV given before April 1, 2016 should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016 should not be counted.
5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
  - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
  - b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
  - c. Mumps: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
  - d. Rubella: At least one dose is required for all grades (prekindergarten through 12).
6. Hepatitis B vaccine
  - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
  - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
  - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
  - b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7, 8 and 9: 10 years; minimum age for grades 10 through 12: 6 weeks)
  - a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students entering grades 7, 8, 9, 10 and 11.
  - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
  - c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
  - b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
  - c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
  - d. If dose 1 was received at 15 months or older, only 1 dose is required.
  - e. Hib vaccine is not required for children 5 years or older.
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
  - b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
  - c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
  - d. If one dose of vaccine was received at 24 months or older, no further doses are required.
  - e. PCV is not required for children 5 years or older.
  - f. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at: [www.health.ny.gov/prevention/immunization/schools](http://www.health.ny.gov/prevention/immunization/schools)

For further information, contact:

New York State Department of Health  
Bureau of Immunization  
Room 649, Corning Tower ESP  
Albany, NY 12237  
(518) 473-4437

New York City Department of Health and Mental Hygiene  
Program Support Unit, Bureau of Immunization,  
42-09 28th Street, 5th floor  
Long Island City, NY 11101  
(347) 396-2433

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM**  
**TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR**  
**IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

**Note:** NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Sex:  M  F DOB: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Exam Date: \_\_\_\_\_

**HEALTH HISTORY**

**Allergies**  No Type: \_\_\_\_\_  
 Yes, indicate type  Medication/Treatment Order Attached  Anaphylaxis Care Plan Attached

**Asthma**  No  Intermittent  Persistent  Other : \_\_\_\_\_  
 Yes, indicate type  Medication/Treatment Order Attached  Asthma Care Plan Attached

**Seizures**  No Type: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_  
 Yes, indicate type  Medication/Treatment Order Attached  Seizure Care Plan Attached

**Diabetes**  No Type:  1  2  
 Yes, indicate type  Medication/Treatment Order Attached  Diabetes Medical Mgmt. Plan Attached

**Risk Factors for Diabetes or Pre-Diabetes:** Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI \_\_\_\_\_ kg/m<sup>2</sup>

**Percentile (Weight Status Category):**  <5<sup>th</sup>  5<sup>th</sup>-49<sup>th</sup>  50<sup>th</sup>-84<sup>th</sup>  85<sup>th</sup>-94<sup>th</sup>  95<sup>th</sup>-98<sup>th</sup>  99<sup>th</sup> and >

**Hyperlipidemia:**  No  Yes  Not Done **Hypertension:**  No  Yes  Not Done

**PHYSICAL EXAMINATION/ASSESSMENT**

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Lead Level Required Grades Pre- K & K			Date	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 5$ $\mu\text{g}/\text{dL}$				

System Review and Abnormal Findings Listed Below

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

Assessment/Abnormalities Noted/Recommendations: \_\_\_\_\_ Diagnoses/Problems (list) \_\_\_\_\_ ICD-10 Code\* \_\_\_\_\_

Additional Information Attached

\*Required only for students with an IEP receiving Medicaid





**FARE**  
Food Allergy Research & Education

# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  Yes (higher risk for a severe reaction)  No

PLACE  
PICTURE  
HERE

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

Extremely reactive to the following allergens: \_\_\_\_\_

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

## 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 SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, 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.

## MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.1 mg IM  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler/bronchodilator if wheezing): \_\_\_\_\_

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

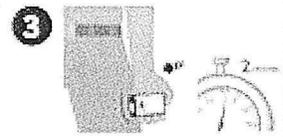
DATE

PHYSICIAN/HCIP AUTHORIZATION SIGNATURE

DATE

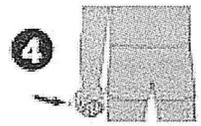
### HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

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.



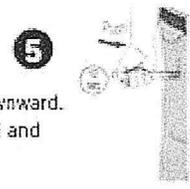
### HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. 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.
3. 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).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



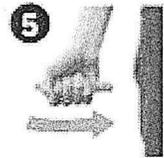
### HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

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.



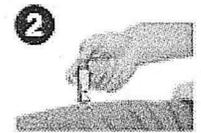
### HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

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.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

#### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

#### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_