



**SAINT ALOYSIUS**

CHURCH AND SCHOOL  
935 Bennetts Mills Road  
Jackson, N.J. 08527  
P 732-370-1515  
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**PHYSICIAN'S ORDERS FOR ALLERGY  
EMERGENCY TREATMENT  
TO BE GIVEN TO SCHOOL NURSE**

SCHOOL YEAR \_\_\_\_\_

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_  
Previous episode of anaphylaxis: \_\_\_ Yes \_\_\_ No

**MEDICATIONS**

ANTIHISTAMINE: Name \_\_\_\_\_ Dose: \_\_\_\_\_  
Give this antihistamine for the following checked symptoms:  
\_\_\_ Contact with allergen, but no symptoms  
\_\_\_ Skin - hives, itchy rash, extremity swelling  
\_\_\_ Lips - itching, tingling, burning, or swelling of lips  
\_\_\_ Head/Neck - swelling of tongue, mouth or throat, hoarseness, hacking cough, tightening of throat  
\_\_\_ Gut - abdominal cramps, nausea, vomiting, diarrhea  
\_\_\_ Lungs - repetitive cough, wheezing, shortness of breath  
\_\_\_ Heart - thready pulse, low blood pressure, fainting, pale or bluish skin  
\_\_\_ Other - \_\_\_\_\_

EPINEPHRINE: \_\_\_ EpiPen \_\_\_ EpiPen Jr. \_\_\_ Other \_\_\_\_\_  
Give this epinephrine for the following checked symptoms:  
\_\_\_ Contact with allergen, but no symptoms  
\_\_\_ Skin - hives, itchy rash, extremity swelling  
\_\_\_ Lips - itching, tingling, burning, or swelling of lips  
\_\_\_ Head/Neck - swelling of tongue, mouth or throat, hoarseness, hacking cough, tightening of throat  
\_\_\_ Gut - abdominal cramps, nausea, vomiting, diarrhea  
\_\_\_ Lungs - repetitive cough, wheezing, shortness of breath  
\_\_\_ Heart - thready pulse, low blood pressure, fainting, pale or bluish skin  
\_\_\_ Other - \_\_\_\_\_

**Choose one administration order:**

- \_\_\_ Give Antihistamine only     \_\_\_ Give Epinephrine only - \*delegate will be assigned
- \_\_\_ Give Antihistamine & Epinephrine at the same time - \*delegate will be assigned
- \_\_\_ Give Antihistamine first, observe further symptoms and give Epinephrine PRN

**\*Please note, in the absence of the school nurse,  
a trained delegate will give epinephrine and any antihistamine order will be disregarded.**

- \_\_\_ This student has been trained and is capable of self-administration of the following medication(s) named above.
- \_\_\_ Epinephrine - single dose unit     \_\_\_ Epinephrine & Antihistamine - single dose unit

\*Under NJ State law, orders for antihistamine alone cannot be self administered.

- \_\_\_ This student is not capable of self-administration of the medication(s) named above.

Physician's Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

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