

## GLOUCESTER CATHOLIC JUNIOR SENIOR HIGH SCHOOL

Dear Parent/Guardian,

Your child's health history indicates that he/she has a serious allergy with the potential for anaphylaxis. Attached is an emergency Health Care Plan (EHCP) to be completed by your child's physician annually. An Emergency Health Care Plan is an individualized plan developed by your child's physician giving specific instructions in the event of an allergic/anaphylactic emergency.

In order to implement your physician's instructions, please provide the following:

- Have your child's physician complete and sign Section I
- Complete and sign all appropriate parent/guardian authorizations in Section II
- Epinephrine must be properly labeled with the pharmacist's label to include your child's name, name of the medication and date prescribed.
- If an antihistamine such as Benedryl is included in the plan, please send in an unopened original container. Fastmelt tabs, quick dissolve strips or other single dose units are recommended.

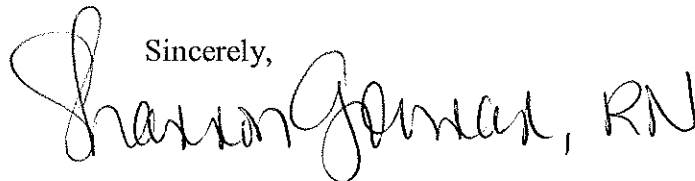
Gloucester Catholic Junior Senior High School requests that 2 auto-injectors be provided: One to be kept on the student, who is self-approved to administered, at all times, and the second to be kept secure in the nurse's office.

Please return the completed form and appropriate medication at the start of each school year as soon as possible. The plan is in effect for the school year and must be renewed annually.

If your child no longer has the potential for an allergic/anaphylactic emergency, please have your doctor provide documentation of medical clearance.

If you have any other questions or concerns, please feel free to contact me. Thank you for your cooperation in this important matter, your cooperation will help me to take the best possible care of your child while at school.

Sincerely,



Shannon Gorman, RN

(856) 456-4400

[sgorman@gchsrams.org](mailto:sgorman@gchsrams.org)

\*\*\*During the summer it is best to reach me through email as I am not in my office to receive voicemails.



Step 2: EMERGENCY CALLS: Call 911. State that a student is having an allergic/anaphylactic reaction and request paramedics transport student to hospital. Then contact parent/guardian.

**SECTION II: To be completed by parent/guardian:**

Mother: Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ Pager \_\_\_\_\_

Father Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ Pager \_\_\_\_\_

Other emergency contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ Pager \_\_\_\_\_

**PARENT/GUARDIAN (Please initial each item and sign below)**

1. I/We have reviewed the written orders of our physician with regard to the administration of an epinephrine auto-injector should our son/daughter \_\_\_\_\_ have an allergic reaction to \_\_\_\_\_. Yes \_\_\_\_\_ No \_\_\_\_\_

2. I/We agree to provide 2 Epinephrine auto injectors to the school. One is to be carried by the student if approved to self administer, the other will be kept in a secure location at school. (These must be labeled by pharmacy with student's name, physician's name) Yes \_\_\_\_\_ No \_\_\_\_\_

3. I/We consent to the school nurse assigning and training a volunteer delegate to administer the epinephrine auto injector during school and at school activities, in the event that our child is not approved by his/her physician to self administer, or if approved to self administer, he/she is unable to do so and the nurse is not available. Our son/daughter will be immediately transported to the nearest hospital emergency room by EMS after administration of epinephrine. Yes \_\_\_\_\_ No \_\_\_\_\_

4. I/We understand that if our student is approved by his/her physician to self administer, it is his/her responsibility to have the epinephrine auto injector with him/her at all times, both in school, on school trips and other school activities. The medication is to be kept in its original prescription container. If the need arises for use of the auto injector outside the school building and our child does not have the auto-injector with him/her, we understand that EMS will be called immediately. Yes \_\_\_\_\_ No \_\_\_\_\_

5. I/We acknowledge that GCHS, its employees and agents shall incur no liability and shall be held harmless against any claims that may arise relating to the administration, supervision, training, or self administration of medication. Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_