



Epinephrine Authorization

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Please read information & procedures on reverse side

Part I Parent or Guardian to Complete

I hereby authorize YMCA Child Care personnel to administer epinephrine injection (s) as directed by the physician (part II). I agree to release, indemnify, and hold harmless YMCA and any of their staff members, or directors from lawsuits, claims, expenses, demands, or actions, etc against them for administering the injection, provided they follow the physician's order (part II). I am aware that the injection may be administered by a specifically trained non health professional. I have read the procedures outlined on the back of this form and assume responsibility as required.

I understand that emergency medical services (EMS) will always be called when epinephrine is given, whether or not the student manifests any symptoms of anaphylaxis.

Student Name (Last, First, Middle)

Date of Birth	School Name	School Year	Grade/Class
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No YMCA staff shall administer medication or treatment, unless the Program Director or his or her designee has personally reviewed all the required clearances.

Parent or Guardian Signature Daytime Phone Number Date

Part II Physician to Complete

Emergency injections are administered by nonhealth professionals. These persons are trained by a certified VA medical adminster trainer to admister the injection. For this reason, only premeasured doses of epinephrine my be given. It should be noted that these staff members are not trained observers. They cannot observe for the development of symptoms before administering the injection.

The following injection will be given immediately after report of exposre to: _____

Indicate Specific allergens (s) _____

Route of exposure: Ingestion Skin contact Inhalation Insect Sting or bite

Please note any adverse reactions or side effects. _____

Check the appropriate boxes:

- Give the premeasured dose of 0.3mg epinephrine 1:1,000 aqueous solution (0.3cc) by autoinjection.
 - Repeat dose in 15 minutes if EMS has not arrived. (two premeasured doses will be needed in school age.)
- Give the premeasured dose of 0.15mg epinephrine 1:2,000 aqueous solution (0.3cc) by autoinjection.
 - Repeat dose in 15 minutes if EMS has not arrived. (two premeasured does will be needed in school age.)

Check the appropriate box:

I believe that this student has received adequate information on how and when to use epinephrine.

The student is to carry an epinephrine autoinjector during the school age/summer camp program with the director's knowledge. The student can use the epinephrine autoinjector prperly in an emergecny. One additional dose to be used as backup, should be kept in another YMCA location.

The epinephrine autoinjectotr will be kept in the YMCA school age room or following program approved location: _____

Effective Date: Current School Year From: _____ to _____

Physicians Name (Print or Type) Physician Signature Telephone Number or Fax Date

Parent or Guardian Name (Print or Type) Parent or Guardian Signature Telephone Number Date

(Not Required of Physician signs)

Student Signature Date

(Required if child carries epinephrine)

Part III Child Care Director to Complete

Check box as appropriate

Parts I & II above are complete and including signature. (It is appropriate if all items in part II are written on the physician's stationary or a prescription pad.)

Medication is appropriately labeled. _____ Date by which any unused medication is to be collected by the parent.
(Within one week after expiration of the physician order or on the last day of school.)

Child Care Director Signature Date

Form must be updated yearly. The YMCA Child Care calendar runs from 9/1 to 8/30. Updated 10/17/16

PARENT INFORMATION ABOUT EPINEPHRINE PROCEDURES

1. Epinephrine may be given in school, during school-sponsored activities, or at a YMCA Summer Camp/Child Care Program only with both physician and parent or guardian-signed authorization.
2. This form must be on file in the clinic or in another approved location. The parent or guardian is responsible for obtaining the physician's statement in part II. For a student who attends a YMCA Summer Camp/Child Care Program, a copy of the medication form must be on file with the YMCA Program.
3. A new form must be submitted to the Program/school each school year and whenever there is a change in the dosage or a change in the conditions under which epinephrine is to be injected.
4. A physician may use office stationery or a prescription pad in lieu of completing part II. Information necessary includes:
 - Name of student
 - Specific allergen for which epinephrine is being prescribed
 - Route of exposure (e.g., ingestion, skin contact, inhalation, or insect sting or bite)
 - Brand name of medication
 - Amount of premeasured epinephrine
 - Time for repeated dose if deemed necessary
 - Duration of medication order and effective dates
 - Physician signature
 - Date
5. Only premeasured doses of epinephrine may be given by FCPS, FCHD, and YMCA Program staff members.
6. Medication must be properly labeled by a pharmacist. If a physician orders include a repeat of EpiPen or Twinject injection for a student who carries his or her own, then the parent or guardian must supply the school with two EpiPens or Twinjects. Expiration date must be clearly indicated.
7. Epinephrine must be hand-delivered to the school clinic by the parent or guardian unless approved for the student to carry during school and Summer Camp/SACC/Preschool hours.
8. Unless the student has been authorized to carry epinephrine, the parent or guardian is to collect any unused epinephrine within one week after the end of expiration of the order or on the last day of school/Camp. Epinephrine not claimed within that period shall be destroyed.
9. **Form must be updated yearly. The YMCA Child Care calendar runs from 9/1 to 8/30.**