

# WISHING TREE

SHORT-TERM CHILD CARE

## Epinephrine Authorization

### Part I Parent or Guardian to Complete

I hereby authorize WISHING TREE personnel to administer epinephrine injection(s) as directed by the physician (part II). I agree to release, indemnify, and hold harmless WISHING TREE 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 a specifically trained non-health professional may administer the injection. 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

No WISHINGTREE 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 non-health professionals. These persons are trained by a certified VA medical administer trainer to administer the injection. For this reason, only premeasured doses of epinephrine may 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 exposure to: \_\_\_\_\_  
indicate Specific allergens(s)

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

Check the appropriate boxes:

- Give the premeasured dose of 0.3mg epinephrine 1:1,000 aqueous solution (0.3cc) by auto injection.
  - 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 auto injection.
  - 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 auto injector during the school age/summer camp program with the director's knowledge. The student can use the auto injector properly in an emergency. One additional dose to be used as backup, should be kept in another WISHING TREE location.

The epinephrine auto injector will be kept in the WISHING TREE back closet or another approved location: \_\_\_\_\_ . Effective Date: From: \_\_\_\_\_ to \_\_\_\_\_

Physicians Name (Print or Type)

Physician Signature

Date

Student Signature (Required if child carries epinephrine)

Date

### 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