

Epinephrine Administration Consent Form

(Option A – Administration by Medical Professional or Designee)

Parent/Guardian Acknowledgement of Receipt, Review and Consent To All Terms And Provisions
of Parish Catechetical Program Policy Regarding Epinephrine administration via a pre-filled auto-injector mechanism

Catechetical Year/Effective Dates: _____ to _____
Month/Year Month/Year

Child's Name: _____ Grade: _____

I, the parent/guardian of _____, understand that a
Child's Name

medical professional or a designee will be present during catechetical classes in order to administer Epinephrine via a pre-filled auto-injector mechanism should it be required.

With respect to the emergency administration of epinephrine we also understand that:

PLEASE INITIAL EACH STATEMENT IN THE BOX:

- a. **By signing this form we, the parents or guardians of the student, consent to the administration of the epinephrine via a pre-filled auto-injector mechanism by the medical professional or designee present during catechetical program times.**
- b. The parents/guardians understand that they must provide the pre-filled auto-injector containing epinephrine. Parents may send the medication at each session or leave the medication with the Parish Catechetical Leader for the duration of the catechetical year. If the parents/guardians leave the medication for the duration of the program year, they understand that they are responsible for replacing the medication when it expires or when otherwise necessary. They also agree to pick up any unused medication at the end of the school year, when the medication becomes outdated, or when the medication is no longer necessary, which ever comes first. The student's prescribed epinephrine shall be placed in a secure but unlocked location easily accessible by the medical professional or designee to ensure prompt availability in the event of an allergic emergency at the parish program or related activity.
- c. If and when a student is injected with epinephrine, 911 must be called and the student must be transported to a hospital emergency room by emergency services personnel. This treatment and course of action can not be refused by the patient nor the parents/guardians of the patient. This requirement applies even if the student's symptoms appear to have resolved.
- d. The PCL has informed the parents or guardians of the student that the parish and its employees and agents and the medical professional or designee on site, shall have no liability as a result of any injury arising from the administration of the epinephrine to the student.
- e. By signing this form the parents or guardians of the student are acknowledging their understanding that the parish and its employees and agents and the medical professional or designee on site, shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism to the student and that the parents or guardians shall indemnify and hold harmless the parish and its employees or agents and the medical professional on site, against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to the student.
- f. This permission is effective for the program year for which it is granted but must be renewed for each subsequent program year upon fulfillment of the requirements of paragraphs a. through f. above.

Parent or Guardian Printed Name

Parent or Guardian signature

Date Signed

Date received by parish catechetical program: _____

Signature of Parish Catechetical Staff

Epinephrine Administration Consent Form (Option B – Self-Administration by Child/Adolescent)

Parent/Guardian Acknowledgement of Receipt, Review and Consent To All Terms And Provisions
of Parish Catechetical Program Policy Regarding Epinephrine administration via a pre-filled auto-injector mechanism

Catechetical Year/Effective Dates: _____ to _____
Month/Year Month/Year

Child's Name: _____ Grade: _____

I, _____ the parent/guardian of _____
Parent/guardian Name Child's Name

understand that my child has permission from his/her physician, is fully trained and is capable to self-administer epinephrine via a pre-filled auto-injector mechanism should it be required. I understand I must provide the necessary documentation from my child's physician. (See "Epinephrine Administration Physician Form")

With respect to the emergency administration of epinephrine we also understand that:

PLEASE INITIAL EACH STATEMENT IN THE BOX:

- a. By signing this form the parents or guardians verify that the student has permission from his/her physician, is trained and capable of self-administration and consent to the student self-administering the epinephrine via a pre-filled auto-injector mechanism should it be required.
- b. The parents or guardians of the student consent to the administration of the epinephrine via a pre-filled auto-injector mechanism by the medical professional or designee present during catechetical program times should the student be unable to self-administer the medication.
- c. The parent/guardians understand that they must provide the pre-filled auto-injector containing epinephrine. They understand that they are responsible for replacing the medication when it expires or when otherwise necessary.
- d. The student carries the prescribed epinephrine in a secure manner that is also easily accessible by the medical professional, designee or parent/guardian to ensure prompt availability in the event of an allergic emergency at the parish program or related activity.
- e. If and when a student is injected with epinephrine, 911 must be called and the student must be transported to a hospital emergency room by emergency services personnel. This treatment and course of action cannot be refused by the patient nor the parents/guardians of the patient. This requirement applies even if the student's symptoms appear to have resolved.
- f. The PCL has informed the parents or guardians of the student that the parish and its employees and agents shall have no liability as a result of any injury arising from the administration of the epinephrine to the student.
- g. By signing this form the parents or guardians of the student are acknowledging their understanding that the parish and its employees and agents shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism to the student and that the parents or guardians shall indemnify and hold harmless the parish and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to the student.
- h. This permission is effective for the program year for which it is granted but must be renewed for each subsequent program year upon fulfillment of the requirements of paragraphs a. through f. above.

Parent or Guardian Printed Name

Parent or Guardian signature

Date Signed

Date received by parish catechetical program: _____

Signature of Parish Catechetical Staff

Epinephrine Administration Consent Form

(Option C – Administration by Parent/Guardian of the child)

**Parent/Guardian Acknowledgement of Receipt, Review and Consent To All Terms And Provisions
of Parish Catechetical Program Policy Regarding Epinephrine administration via a pre-filled auto-injector mechanism**

Catechetical Year/Effective Dates: _____ to _____
Month/Year Month/Year

Child's Name: _____ Grade: _____

I/We, _____ the parent/guardian of _____
Parent/guardian Name Child's Name

understand that I/We, or the named designee _____, will be present in
Name of *Parent Selected Designee

the building during catechetical classes in order to administer epinephrine via a pre-filled auto-injector mechanism to my own child should it be required. I/We understand I/We must fulfill the requirements of the Child Protection Policy, undergo the background check and attend Protecting God's Children as required by the policy.

With respect to the emergency administration of epinephrine we also understand that:

PLEASE INITIAL EACH STATEMENT IN THE BOX:

- a. By signing this form the parents or guardians, or their *selected "designee", of the student consent to being present in the building, , during the catechetical program times in order to administer the epinephrine to their own child via a pre-filled auto-injector mechanism should it be required.
- b. *The parents/guardians understand that their selected designee must be approved by the Parish Catechetical Leader, must be trained and certified for this purpose by an organization accredited to provide such certification and must fulfill the requirements of the Archdiocese of Newark Child Protection Policy.
- c. The parents/guardians, or their selected "designee", understand that they are responsible for bringing the pre-filled auto-injector with them to every session and take it home with them after every session.
- d. In cases where the parents/guardians are on premises to administer the epinephrine, they understand that they are responsible for having the pre-filled auto-injector containing epinephrine on their person at all times while present at program sessions.
- e. If and when a student is injected with epinephrine, 911 must be called and the student must be transported to a hospital emergency room by emergency services personnel. This treatment and course of action cannot be refused by the patient nor the parents/guardians of the patient. This requirement applies even if the student's symptoms appear to have resolved.
- f. The PCL has informed the parents or guardians of the student that the parish and its employees and agents shall have no liability as a result of any injury arising from the administration of the epinephrine to the student.
- g. By signing this form the parents or guardians of the student are acknowledging their understanding that the parish and its employees and agents shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism to the student and that the parents or guardians shall indemnify and hold harmless the parish and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to the student.
- h. This permission is effective for the program year for which it is granted but must be renewed for each subsequent program year upon fulfillment of the requirements of paragraphs a. through f. above.

 Parent/Guardian Printed Name Date Parent Designee Printed Name (if applicable) Date

 Parent or Guardian signature Date Parent Designee signature (if applicable) Date

Date received by parish catechetical program: _____

 Signature of Parish Catechetical Staff

Epinephrine Administration - Physician Form

School Year: _____

FORM DUE: _____

Forms submitted after _____ may delay the child's participation in religious education.

PLEASE PRINT CLEARLY

Student: Last Name _____	First Name _____	Date of Birth _____ / _____ / _____ <small style="margin-left: 10px;">MM DD YYYY</small>	<input type="checkbox"/> male <input type="checkbox"/> female
Grade _____		Weight _____	

HEALTH CARE PRACTITIONERS COMPLETE BELOW

Please List Student Allergies:

History of anaphylaxis? NO
 YES Date ____ / ____ / _____

Comments:

Does this student have the ability to:	Comments:
Self-Manage (See 'Student Skill Level' below) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Recognize signs of allergic reactions <input type="checkbox"/> Yes <input type="checkbox"/> No	
Recognize/avoid allergens independently <input type="checkbox"/> Yes <input type="checkbox"/> No	

Epinephrine Administration

CALL 911, Immediately administer (Select appropriate dose):

- Epinephrine** Auto-Injector 0.15 mg
- Epinephrine** Auto-Injector 0.3 mg

Student Skill Level (select the most appropriate option)

Dependent Student: medical professional/trained designee/parent/guardian must administer

<input type="checkbox"/> Independent Student: student is self-carry/self-administer	Practitioner's Initials	I attest student demonstrated ability to self-administer the prescribed medication effectively for catechetical sessions / related events.
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Health Care Practitioner Name (Please Print) LAST FIRST	Signature	Date ____ / ____ / _____
Address City State Zip	Tel. (____) _____ - _____	Fax. (____) _____ - _____