

EPINEPHRINE AUTHORIZATION



Palo Alto Community Child Care
3990 Ventura Court - Palo Alto, CA 94306

Part I Parent or Guardian to Complete

I hereby authorize the child care staff to administer epinephrine injection(s) as directed by the physician (Part II). I agree to release, indemnify, and hold harmless PACCC and any of their staff members, or directors from lawsuits, claims, expense, demands, or actions, etc. against them for administering injection. I am aware that the injection may be administered by a specifically trained non health professional. I have read the procedures attached to this form and assume responsibility as required.

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

Name of Child

Date of Birth

Center

Parent/Guardian Name

Parent/Guardian Signature

Date of Authorization

Part II Child's Physician to Complete

Emergency injections are administered by nonhealth professionals. For this reason, only premeasured doses of epinephrine may be given. It should be noted that staff members are not trained observers. They cannot observe for the development of symptoms before administering the injection.

Name and Dosage of Medication

Date medication administration begins

Date medication ends (if known)

The above named injection will be given immediately after report of exposure to (indicate specific allergens):

Route of exposure: (circle all that apply)

ingestion

skin contact

inhalation

insect sting or bite

Other:

Possible adverse reactions

Other helpful information for child care staff (use back of sheet if necessary)

Physician's Name

Telephone

Physician's Signature

Date

Part III Child Care Director to Complete

Parts I and II above are complete and include signatures. (It is appropriate if all items in Part II are written on physician's stationery or prescription pad.)

Medication is appropriately labeled.

_____ Date of medication expiration. Parent must collect expired medication immediately upon expiration.

Director Signature

Date