

2023-2024

EMERGENCY CARE FOR THE MANAGEMENT OF A STUDENT WITH A DIAGNOSIS OF ANAPHYLAXIS

Release and Indemnification Agreement for Epi-Pen (Epinephrine Auto Injector)



13500 Layhill Road, Silver Spring, MD 20906

301-576-2800 fax: 301-576-2805

barrie.org

Part I: TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby request and authorize Barrie School and/or Camp personnel to administer an Epinephrine Auto Injector as directed by the health care provider (Part II, below). I agree to release, indemnify and hold harmless Barrie School, Barrie Camp, and any of their officers, staff members, or agents from lawsuit claim, demand, or action against them for administering prescribed medication to this student, provided the Barrie School and Camp staff are following the health care provider's orders as written in Part II. I am aware that the injection may be administered by a trained, unlicensed staff member. I understand that the rescue squad will always be called when an Epinephrine Auto Injector is administered, whether or not the student manifests any symptoms of anaphylaxis.

Student Name _____ Birthdate ____/____/____
_____/_____/_____
Signature, Parent/Guardian Phone Number Date

PART II: TO BE COMPLETED BY THE HEALTH CARE PROVIDER

In accordance with Maryland State Regulations, the Epinephrine Auto Injector may be administered by unlicensed staff that are trained by the School Nurse. Unlicensed staff are not allowed to wait for the appearance and observe for the development of symptoms before administering the Epinephrine Auto Injector.

- Name of medication: Epinephrine Auto Injector (brand names include Epi-Pen and Twinjet)
 - Ana-Kit will not be accepted for use at school.
 - Epinephrine Auto Injector will not be accepted for the management of asthma.
- Reason(s) for medication: For the management of acute allergic reactions to: Check reason(s)
 - Stinging insects (bees, wasps, hornets, yellow jackets)
 - Ingestion of (specify): _____
 - Other allergen(s) (specify under what circumstances): _____
- Medication is to be given: Check reason(s)
 - If insect stings (bees, wasps, hornets, yellow jackets)
 - Ingestion of (specify): _____
 - If other known or unknown allergen(s) (explain): _____
- Route of administration for Epinephrine Auto Injector: Intramuscularly (IM) into anterolateral aspect of thigh.
- Dosage of medication: Check one
 - Epinephrine Auto Injector 0.15 mg.
 - Epinephrine Auto Injector 0.3 mg.
- Repeat dose in 10 minutes if rescue squad has not arrived. * Check one
 - Yes
 - No
 - Other: _____
- Side effects: Palpitations, rapid heart rate, sweating, nausea and vomiting

Remarks _____

THIS MEDICATION AUTHORIZATION IS ONLY VALID FOR THE CURRENT SCHOOL YEAR

_____/_____/_____
Health Care Provider PRINTED Name Date Health Care Provider SIGNATURE Phone Number

SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self-carry/self-administration of **emergency** medication **must** be authorized by the prescriber and be approved by the school nurse according to the medication policy.

Prescriber's authorization for self-carry/self-administration of emergency medication _____
Name Date

School Nurse approval for self-carry/self-administration of emergency medication _____
Name Date

PART III: TO BE COMPLETED BY THE SCHOOL/CAMP NURSE

- Parts I and II are completed including signatures. It is acceptable if all items in Part II are written on the health care provider's stationery/prescription blank.
- Medication properly labeled by a pharmacist. Epinephrine Auto Injector received: ____ 1 device ____ 2 devices

Reviewed by: _____ Date: _____

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INFORMATION/PROCEDURES

1. The Epinephrine Auto Injector **WILL NOT** be administered in camp/school or during school/camp sponsored activities **without** a parent/guardian signed authorization and waiver and a physician's order/authorization.
2. This form must be on file in the student's/camper's health folder. The parent is responsible for obtaining the health care provider's order/authorization. (See Part II) The school/camp nurse will ensure that all items on the form are complete.
3. The parent is responsible for submitting a new form to Barrie each school year/camp season and whenever there is a change in dosage or a change in conditions under which the Epinephrine Auto Injector is given.
4. A health care provider may use office stationery/prescription pad in lieu of completing Part II. Information **required** includes: student's name, allergen for which the Epinephrine Auto Injector is being prescribed, brand name, dose, order for repeat dose if deemed necessary, health care provider's signature and date.
5. Medication must be properly labeled by a pharmacist and must match the health care provider's order. If the health care provider's orders include a repeat Epinephrine Auto Injector, an additional Epinephrine Auto Injector must be provided by the parent/guardian.
6. Medication must be hand-delivered to the school/camp nurse by the parent or, under special circumstances, an adult designated by the parent. Under no circumstances will Barrie personnel administer medication brought to school/camp by the student.
7. All medication kept in school/camp will be stored in a secure area accessible to authorized personnel.
8. Any unused medication will be collected by the parent within one week after the end of the school year or camp season.
9. In no case may the Barrie health personnel or staff member administer epinephrine to a student who identifies as subject to anaphylactic reaction outside the framework of the procedures outlined above.
10. A physician's order and parental permission are necessary for self-carry/self-administered emergency medications such as Epinephrine Auto Injector for anaphylaxis. The school/camp nurse must evaluate and approve the student's ability and capability to self-administer medication. It is imperative the student understands the necessity for reporting to either the school/camp nurse or staff member following self-administration of an Epinephrine Auto Injector, so 911 may be called.
11. The school/camp nurse will call the prescriber, as allowed by HIPAA, if a question arises about the student and/or the student's medication.