

Step 2: Emergency Calls (to be made by program staff)

1. Call 911 immediately. 911 MUST BE CALLED if EpiPen® is administered. State that an allergic reaction has been treated and additional epinephrine may be needed.

2. Dr. _____ at _____ Transport to: _____ Hospital

3. Emergency Contacts:

Parent/Other	Emergency Phone Number(s)
1. _____	a) _____ b) _____
2. _____	a) _____ b) _____
3. _____	a) _____ b) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR HAVE CHILD TRANSPORTED TO EMERGENCY MEDICAL FACILITY!

PHYSICIAN/LICENSED PRESCRIBER'S ORDER FOR ADMINISTRATION OF MEDICATION BY COMMUNITY ED STAFF *To be completed by physician/licensed prescriber*

Medication	Dose in mg	Frequency	Route	Medical Condition	Other Info
Print Name of Physician/Licensed Prescriber				Clinic Name	
Phone			Fax		
Signature of Physician/Licensed Prescriber <i>(required)</i>				Date	

Parent/Guardian Authorization

- I request that the above medication/s be given at Kids Club/WISE Guys as ordered by my child's physician/licensed prescriber.
- I give permission for my child to carry the above medication in their backpack. **Yes** **No** Comments: _____
- I request that the above medication be send on field trips. **Yes** **No** Comments: _____
- I will notify Kids Club/WISE Guys if medication is stopped or changed.
- I give permission for the medication/s to be administered by Kids Club/WISE Guys personnel **(not a licensed nurse.)**
- Legally I may refuse to sign the Severe Allergy Action Plan. If I refuse to sign, Kids Club/WISE Guys will not be able to administer the prescribed medication.
- This consent may be revoked at any time by sending a written notice to Kids Club/WISE Guys.

Parent/Guardian Signature

Date

Permission for Release of Information

- I give permission for the Kids Club/WISE Guys staff to communicate, as needed, with school staff about my child's medical condition/s and the action of the medication/s.
- I give permission for the Kids Club/WISE Guys staff to contact my child's physician/licensed prescriber regarding questions about the above listed medication/s or medical condition/s being treated by medication/s.

Parent/Guardian Signature

Date