

CONSENT FOR EMERGENCY MEDICATION ADMINISTRATION (Epinephrine)

It is the stated policy of Westminster Barefoot School (WBFS) the staff is not permitted to administer medication. It is also a fact that WBFS does not have a nurse on staff. However, WBFS is aware that certain children enrolled in the program have life threatening allergies necessitating the emergency administration of epinephrine to prevent anaphylaxis.

Under these unusual circumstances, WBFS staff will administer epinephrine as directed by the child's physician, should an emergency allergic reaction develop. The following must be met:

1. Parents must complete the following form before medication is administered (please print)
 - A. Child's name_____
 - B. Parent/Guardian name _____
 - C. Prescribing physician/phone no. _____
 - D. Pharmacy_____
 - E. Prescription number_____
 - F. Currently on any medication at home:
Prescription_____
 - Dosage_____
 - Frequency_____
 - G. Any allergies to medications_____
2. Parents agree to notify WBFS in writing if at any time their child is on medication. Ambulance personnel will need this information in the event of an emergency.
3. Epinephrine must be in a pharmacy labeled container which must include the name and phone number of the pharmacy; the child's name; the physician's name; the medication; the prescribed dosage; and the prescription number.
4. Parents agree that WBFS or member(s) of WBFS staff shall be relieved of any liability for negligence or any failure to properly administer epinephrine, in any emergency.
5. Parents further understand emergency medical services will be called in the event of an allergic reaction, a request for additional dosage of epinephrine is made, and that the child shall be transported by emergency services to St. Clair Hospital with a staff member accompanying the child.
6. Parents agree to sign authorization of child's caretaker to consent for care during absence of parent(s).

Name(s) of caretaker in parent's absence

Parent/Guardian signature

Date