



Epinephrine Authorization

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Please read information & procedures on reverse side

Part I Parent/Guardian to Complete

I hereby authorize YMCA Summer Camp personnel to administer epinephrine injection(s) as directed by the physician (part II.) I agree to release, indemnify, and hold harmless the YMCA and any of their staff, members, or directors from lawsuits, claims, expenses, demands, or actions, etc. against them for administering the injection, provided they follow the physician's order (part II.) I am aware that the injection may be administered by a specifically trained non-health professional. I have read the procedures outlined on the back of this form and assume responsibility as required. I understand that emergency medical services (EMS) will always be called when epinephrine is given, whether or not the student manifests any symptoms of anaphylaxis.

Student Name (Last, First, Middle) _____

Date of Birth	School Name	School Year	Grade/Class
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No YMCA staff shall administer medication or treatment, unless the Program Director or his/her designee has personally reviewed all the required clearances

Parents or Guardian Signature _____ Daytime Phone # _____ Date _____

Part II Physician to Complete

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

The following injection will be given immediately after report of exposure to: _____
Indicate specific allergen(s): _____

Route of exposure: Ingestion Skin Contact Inhalation Insect Sting or Bite

Please note any adverse reactions or side effects: _____

- Check the appropriate boxes:
- Give the premeasured dose of 0.3mg epinephrine 1:1,000 aqueous solution (0.3cc) by auto-injection.
 - Repeat dose in 15 minutes if EMS has not arrived (two premeasured doses will be needed in school age.)
 - Give the premeasured dose of 0.15mg epinephrine 1:2,000 aqueous solution (0.3cc) by auto-injection.
 - Repeat dose in 15 minutes if EMS has not arrived (two premeasured doses will be needed in school age.)

Check the appropriate box:
I believe that this student has received adequate information on how and when to use epinephrine.

- The student is to carry an epinephrine autoinjector during the summer camp program with the Director's knowledge. The student can use the epinephrine autoinjector properly in an emergency. One additional dose to be used as backup, should be kept in another YMCA location
- The epinephrine autoinjector will be kept in the YMCA program approved location: _____

Effective Date: From: _____ to _____

Physicians Name (Print/Type)	Physician Signature	Telephone # or Fax	Date
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Parent/Guardian (Print/Type)	Parent/Guardian Signature	Telephone #	Date
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*Parent/Guardian not required if Physician signs

Student Signature (required if child carries epinephrine)	Date
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Part III Program Director to Complete

- Check box as appropriate
- Parts I & II above are complete and include signature. (It is appropriate if all items in part II are written on the physicians stationary or a prescription pad.)
 - Medication is appropriately labeled. _____ Date by which any unused medication is to be collected by the parent. (Within one week after expiration of the physician order or on the last day of camp.)

Program Coordinator/Director Signature	Date
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***Form must be updated yearly. The YMCA Summer Camp calendar runs from 6/4/18-8/24/18

PARENT INFORMATION ABOUT EPINEPHRINE PROCEDURES

1. Epinephrine may be given at YMCA Summer Camp only with both physician and parent or guardian-signed authorization.
2. This form must be on file in an approved location. The parent or guardian is responsible for obtaining the physician's statement in part II. For a student who attends a YMCA Summer Camp, a copy of the medication form must be file with the YMCA Program.
3. A new form must be submitted to the Program each year and whenever there is a change in the dosage or a change in the conditions under which epinephrine is to be injected.
4. A physician may use stationary or a prescription pad in lieu of completing part II. Information necessary includes:
 - Name of student
 - Specific allergen for which a epinephrine is being prescribed
 - Route of exposure (e.g., ingestion, skin contact, inhalation, or insect sting/bite.)
 - Brand name of medication
 - Amount of premeasured epinephrine
 - Time for repeated dose if deemed necessary
 - Duration of medication order and effective dates
 - Physician signature
 - Date
5. Only premeasured doses of epinephrine may be given by YMCA Program staff members.
6. Medication must be properly labeled by a pharmacist. If a physician orders include a repeat of EpiPen or Twinject Injection for a student who carries his or her own, then the parent or guardian must supply the camp with two EpiPens or Twinjects. Expiration date must be clearly indicated and cannot expire during the period that the child is in camp.
7. Epinephrine must be hand-delivered to the camp by the parent or guardian unless approved for the student to carry during Summer Camp.
8. Unless the student has been authorized to carry epinephrine, the parent or guardian is to collect any unused epinephrine within one week after the end of expiration of the order or on the last day of Summer Camp. Epinephrine not claimed within that period shall be destroyed.
9. **Form must be updated yearly. The St. Cloud Area Family YMCA Summer Camp calendar runs from 6/4/18-8/24/18.)**