

EPIPEN Emergency Plan

Student's Name: _____ D.O.B. _____

Allergic To: _____

Presenting Symptoms: _____

Emergency Contacts [Onsite]:

1. Name: _____

Relationship: _____ Phone: _____

2. Name: _____

Relationship: _____ Phone: _____

3. Name: _____

Relationship: _____ Phone: _____

ACTIONS FOR MAJOR REACTION (EPIPEN)

While the ministry will attempt to take appropriate actions if such situations occur the ministry is not a medical facility and cannot be held liable for any resulting injury.

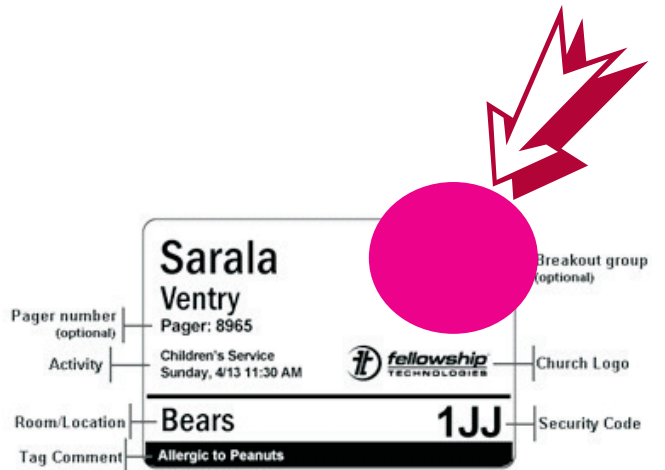
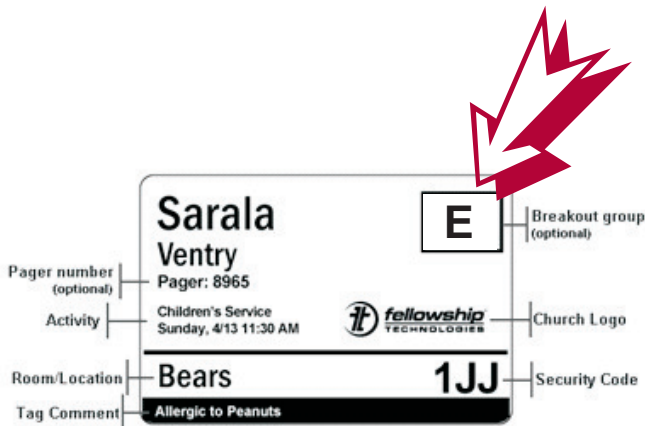
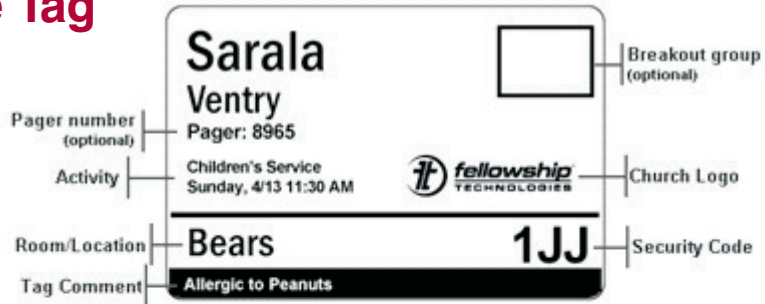
Parent's Signature: _____ Date: _____

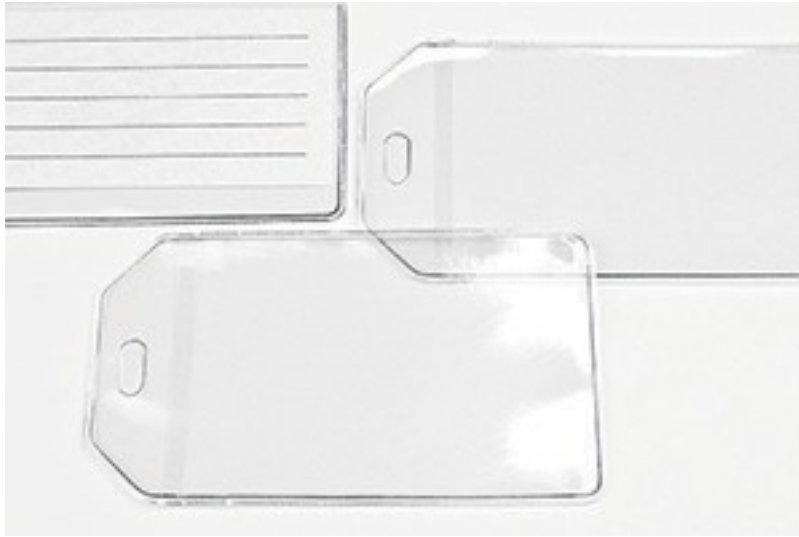
SPECIFICATIONS FOR EPIPEN USE

1. Epinephrine in an EpiPen receptacle may be given at <insert church name>, during <insert church name>, sponsored activities, with parent or guardian-signed authorization.
2. This form must be on file in an approved location (i.e., Associate Preschool Director's Office).
3. Emergency injections may be administered by non-health professionals. These persons will be trained by CPR/AED/First Aid Certification Instructor to administer the injection. For this reason, only pre-measured doses of epinephrine (EpiPen auto injector) 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.
4. A new form must be submitted to <insert church name> each calendar year and whenever there is a change in the dosage or a change in the conditions under the epinephrine is to be injected.
5. Medication must be properly labeled by a pharmacist. If a physician orders indicate included a repeat of EpiPen or Twinject injection for a child who carries his or her own, then the parent or guardian must supply <insert church name> with two Epi-pens or Twinjects. Expiration date must be clearly indicated.
6. EpiPen will remain in child's backpack, diaper bag, carry bag, etc. This bag will be clearly labeled as containing an EpiPen inside as provided by <insert church name> or the parent or guardian. The bag will remain in the classroom above the reach of other children but easily accessible by the administering personnel. If the child is participating in an activity that requires they be mobile, the EpiPen will be carried in the bag by the staff or volunteer responsible for the child (i.e., VBS, etc.)
7. Unless the child has been authorized to carry epinephrine, the parent or guardian is to collect any unused epinephrine with one week after the end of expiration of the order or on the last day of <insert church name> activity in question. Epinephrine not claimed within that period shall be destroyed.

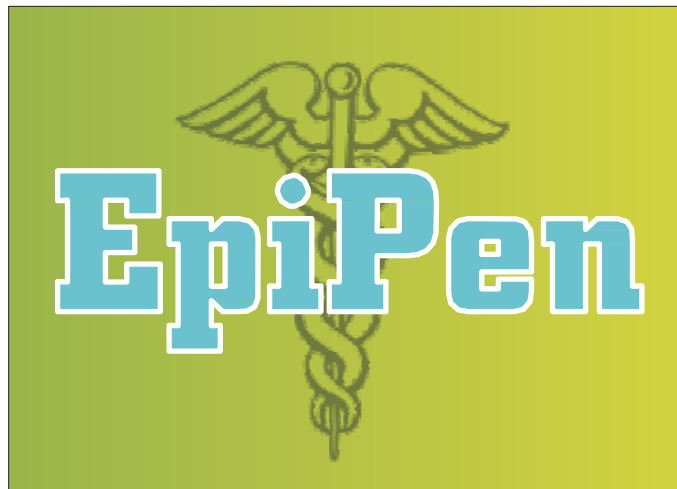
Parent's Signature: _____ Date: _____

Standard Name Tag





**Clear
luggage
tags**



**Bright
color..
...but
hot
pink is
not
gonna
cut it
for the
boys**

SIGNS OF AN ALLERGIC REACTION

MOUTH

Itching and swelling of the lips, tongue, or mouth

THROAT

Itching and/or a sense of tightness in the throat

SKIN

Hives, itchy rash, and/or swelling about the face or extremities

GUT

Nausea, abdominal cramps, vomiting, and/or diarrhea

LUNG *

Shortness of breath, repetitive coughing, and/or wheezing

HEART *

“thready” pulse, “passing out”

The severity of symptoms can change quickly!

*ALL of the above symptoms can potentially progress to a life-threatening situation.

EpiPen and EpiPen Jr. Directions

1. Pull off the blue safety release cap.
2. Swing and firmly push the orange tip against outer thigh so it “clicks”.
3. HOLD on thigh for approximately 10 seconds to deliver drug.
4. Have Guest Services call 911. Seek immediate emergency medical attention and be sure to take the EpiPen Auto Injector with you to the Emergency Room.