



## Burlington Parks & Recreation

### *Parent /Guardian Statement of Understanding*

#### **Anaphylaxis / EpiPen (Auto-Injector) Policy**

The Burlington Parks and Recreation (BPRD) staff seeks to provide a safe environment for staff and participants who are at risk of severe allergic reactions. The BPRD staff is trained in the signs and symptoms of anaphylaxis and the administration of EpiPens. The staff will ensure that anyone suffering a severe allergic reaction will be treated appropriately and emergency services will be promptly contacted.

- I have received and read the BPRD Anaphylaxis/EpiPen (Auto-Injector) Policy and understand the BPRD will *NOT* administer an EpiPen unless and until a fully completed Authorization Form and Action Plan are both provided, regardless of whether or not an EpiPen is provided in advance by or on behalf of the parent/guardian.
- I have received the BPRD Anaphylaxis/EpiPen (Auto-Injector) Policy and although my child has an EpiPen, I am not requesting EpiPen administration for my child.

---

Child's Name

---

Parent/Guardian's Signature

---

Date

---

Printed Name:

---

Printed Name:



## Burlington Parks & Recreation Anaphylaxis / Epi-pen (Auto-Injector) Policy

The Burlington Parks and Recreation (BPRD) staff seeks to provide a safe environment for staff and participants who are at risk of severe allergic reactions. The BPRD staff is trained in the signs and symptoms of anaphylaxis and the administration of epi-pens. The staff will ensure that anyone suffering a severe allergic reaction will be treated appropriately and enabled to access emergency services promptly.

### Procedure

Parent or legal guardian is required to fill out an Authorization to Administer Medication form for each participant requiring an epi-pen. Additionally an Action Plan must be completed by the participant's physician. The original will be kept in the office and a copy will be given to the supervisor of the program the participant is attending.

Epi-pen must be in a clearly marked bag with participants name on it and the medication should be in its original container with the pharmacy label, which shows the date of filling, pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, name of prescribing practitioner, name of prescribed medication, directions for use and cautionary statements, if any, contained in such a prescription or required by law. The epi-pen should be stored in a cooled lunch bag / container and given to the program director upon arrival at the program. The epi-pen will be kept in a designated area on site.

- The Parks and Recreation Department will not administer epinephrine unless and until a fully completed Authorization Form and Action Plan is provided, regardless of whether or not an epi-pen is provided in advance by or on behalf of the parent/guardian.
- The program director is responsible for making sure all staff are aware of the location of epi-pens
- The designated epi-pen location should be kept out of reach of program participants

### Administration of Epi-pen:

In the event an epi-pen needs to be administered to a participant the following procedure should be followed:

1. One staff member should stay with the participant suffering the reaction
2. Additional staff should clear the area of other participants and call 911 **Immediately.**
3. Administer the epinephrine at the **first sign** of reaction, however slight (e.g. itching or swelling of the lips/mouth in food allergic children). **There are no contraindications to the use of epinephrine for a potentially life-threatening allergic reaction.**
4. Note time of administration and relay all information to EMS when they arrive.
5. Staff should contact a member of the Burlington Parks and Recreation Department administration team immediately.
6. Contact the parent / legal guardian of the participant
7. Complete an Incident Report form and submit it to a member of the Administrative staff.

# EPINEPHRINE AUTHORIZATION



## Part I Parent or Guardian to Complete

I hereby authorize the Burlington Parks & Recreation Department ("BPRD") staff to administer epinephrine injection(s) to the child identified below ("Child") as directed by the physician (Part II). On behalf of myself and the Child, and our respective agents, heirs, personal and legal representatives, assigns, and any person claiming by, under, or through either of us (collectively, "Releasors"), I agree to release, indemnify, agree not to sue, and hold harmless, BPRD and the Town of Burlington, and their employees, staff members, directors, officers, related entities, agents and representatives from and against any and all lawsuits, claims, expenses, costs (including attorney's fees), demands, causes of action, injuries, obligations, liabilities, and actions, etc. (collectively, "Claims"), both at law and in equity, directly or indirectly, arising from, in connection with, or related to, the administering of epinephrine injection(s), including but not limited to personal injury or property damage and/or any Claims in tort, contract and/or otherwise. I am aware that the injection(s) may be administered by a specifically trained non-health professional. I have the authority to sign this form. I understand that my execution of this form is voluntary. I have read the procedures attached to this form and, on behalf of myself and the Releasors, assume responsibility and all risks as required.

I understand that emergency medical services (EMS) and parent will always be contacted, and I consent to such contact, when epinephrine is administered, whether or not the child manifests any symptoms of anaphylaxis.

The BPRD will not administer epinephrine unless and until a fully completed Authorization Form and Action Plan is provided, regardless of whether or not an epipen is provided in advance by or on behalf of the parent/guardian.

Name of Child	Date of Birth
Parent/Guardian Name	
Date of Authorization	Parent/Guardian Signature

## Part II Child's Physician to Complete

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

Name and Dosage of Medication				
Date medication administration begins	Date medication ends (if known)			
The above named injection will be given immediately after report of exposure to (indicate specific allergens):				
Route of exposure: (circle all that apply)	ingestion	skin contact	inhalation	insect sting or bite
Other:				
Possible adverse reactions				
Other helpful information for child care staff (use back of sheet if necessary)				
Physician's Name	Telephone			
Physician's Signature	Date			

## Part III Director to Complete

- Parts I and II above are complete and include signatures. (It is appropriate if all items in Part II are written on physician's stationery or prescription pad.)
- Medication is appropriately labeled.

Date of medication expiration. Parent must collect expired medication immediately upon expiration.

Director Signature	Date
--------------------	------

# BURLINGTON PARKS & RECREATION

## EPIPEN ACTION PLAN



Participants Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender: \_\_\_\_\_

Allergic to: \_\_\_\_\_

EpiPen: Yes  No

### Give Checked Medication\*\*

(To be determined by a physician authorizing treatment)

#### Symptoms:

- If a food allergen has been ingested, but no symptoms
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat\* Tightening of throat, hoarseness, hacking cough
- Lung\* Shortness of breath, repetitive coughing, wheezing
- Heart\* Thready pulse, low blood pressure, fainting, pale, blueness
- Other \_\_\_\_\_
- If reaction is progressing (several of the above areas affected), give: \_\_\_\_\_

<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

\*The severity of symptoms can change quickly, \*Potentially life-threatening

#### DOSAGE

**Epinephrine:** inject intramuscularly  EpiPen®  EpiPen® Jr.  Twinject™ 0.3 mg  Twinject™ 0.15 mg

Other: \_\_\_\_\_

**Antihistamine:** give \_\_\_\_\_

(Medication/dose/route)

**\*\*Burlington Parks & Recreation Department must have any/all medications on site, in original container, with child's name clearly labeled\*\***

Other instructions / directions: \_\_\_\_\_

#### STEP 2: EMERGENCY CALLS

1) Call 911. State that an allergic reaction has been treated and additional epinephrine or antihistamine may be needed

2) Dr. \_\_\_\_\_ at \_\_\_\_\_ Phone: \_\_\_\_\_

3) Emergency Contacts (other than Primary Guardian(s)):

Name / Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name / Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name / Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_