Note: Form must be completed in full by Parent/Guardian or staff cannot administer!

Only ONE Medication allowed per form!

Consent for the Administration of an **Epi-Pen**

This form must be completed upon registration and whenever there is a change in the symptoms and/or medication given. All sections must be filled out.

A. Identification

Today's Date: _____
(DD-MM-YY)

Child's Name: _____ Date of Birth: _____
(DD-MM-YY)

Location: _____ Room: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Relation to Child: _____

Emergency Contact Name : _____

Phone: _____ Relation to Child: _____

B. Parent/Guardian Informed Authorization and Release for the Administration of an Epi-Pen

- I have hereby authorised and instructed that an EpiPen be administered in the event of an Anaphylaxis emergency.

- I understand that this service will be provided by a person without medical or nursing training. It is further understood that in the absence of the regular leader a replacement leader will be assigned to the child's group.

- I agree to provide (program site): _____with a written updated medical statement whenever there is a change in the physician's instructions with respect to medication. It is further understood that keeping the facility staff informed is my responsibility. I/We further agree that the participant will carry the medication on their person.

- I agree it is my responsibility to ensure the medication is properly labelled with the child's name and name of the drug, and to ensure that the drug is not expired.

- I confirm that Dr. _____ has fully explained to me and to my child _____ the nature, effect and possible side effects of such treatment.

- I also understand that an Anaphylaxis Emergency Plan/Photo ID Form will be posted publicly.

- I am fully aware and recognize that Pluto Daycare programs, facilities, staff, or support people are in no way able to provide or promise a risk free or allergen free environment for my child.

- My signature shall be your good and sufficient authority to administer the medication through EpiPen injection, and I hereby release, indemnify and shall not hold the medication administrator, Pluto Daycare or any of its personnel liable for any action whatsoever which may arise out of the said medication administration, either at this given time or at any given time in the future.

Please check each paragraph in Section B

Signature for Sections A and B

_____ _____

Parent/Guardian's Signature Date

C. Epi-Pen Prescription Information

Name of Medication: _____ Allergy: _____

Expiry Date of Medication: _____ Dosage: _____
(DD-MM-YY)

Administer if showing any of the following symptoms: _____

_____

_____

_____

Additional Instructions: _____

_____

_____

_____

PARENT APPROVAL: I request that, and give permission for the staff to administer medication to my child, according to the procedures outlined and following the above detailed instructions.

_____ _____ _____
Parent Signature Parent Name Date

Location where medication is kept on site:_____

*Please note that if staff notice any “issues” like outdated medications, conflict of information (label dosage different from parent instruction) or any other oddity, medication will not be administered.

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