

Viera Children's Academy

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Policy and Procedure for Epi-Pen

Approved by:

Director

Date

Purpose: To ensure the proper administration of an Epi-Pen to children with a prescription from a doctor.

Statement: VCA is to provide proper administration of the Epi-Pen to children at the correct time.

Procedure:

- Parents are to let VCA know at time of registration or at the time diagnosed by a doctor that their child has an allergy or medical condition that requires the use of an Epi-Pen.
- Parents are to provide two (2) Epi-Pens to the school. One is to be kept in the front office and the other is to be kept in the classroom with the child at all times. If the child is to go outside or on a field trip, the Epi-Pen is to be carried by the teacher with the child at all times.
- Teachers and Staff are to be trained yearly in the use of an Epi-Pen.
- Parents are to fill out the attached form at the time the Epi-Pen is provided to the school. The form is to state the child's name, date of birth, the allergy or medical condition, and when to administer the Epi-Pen. The directions must be more specific than "as needed" or "PRN". The directions must include symptoms the staff is to watch for as each child reacts differently to allergens.
- Staff are to notify administration immediately at the first sign or symptom that the child might have been in contact with an allergen.
- Staff reserve the right to call 911 upon administration of an Epi-Pen. Should symptoms remain or worsen before trained medical personnel arrive at the scene staff are to give the second injection.
- Parents are to be notified immediately of symptoms and treatment by the staff.
- Should an Epi-Pen be used, parents are to provide refills to the school.

Authorization for Administering Epi-Pen

I hereby authorize Viera Children's Academy to administer an Epi-Pen injection to my child:

under the following circumstances:

Please list allergen or medical condition requiring Epi-Pen:

Please list signs and symptoms of allergic reaction requiring Epi-Pen administration:

Signature of parent/Guardian _____

Date _____

Medication	Date and Time Given And signature of person giving the injection	Symptoms Before Given Injection	Result post injection (911 called, parents called, sent home, went to ER, etc.)
Epi-Pen			
Epi-Pen			
Epi-Pen			