

EMERGENCY CARE FOR THE MANAGEMENT OF A CAMPER WITH A DIAGNOSIS OF ANAPHYLAXIS

Release and Indemnification Agreement for EpiPen (Epinephrine Auto Injector)

Part 1: To be completed by parent/guardian

I herein request and authorize Harbor Haven Day Camp personnel to administer an Epinephrine Auto Injector as directed by the health care provider (part 2, below.) I agree to release, indemnify, and hold harmless Harbor Haven Day Camp from lawsuit, claim, demand or action against them for administering prescribed medication to this camper providing Harbor Haven Day Camp staff are following the health care provider's order as written in part 2. I am aware that the injection may be administered by a trained unlicensed staff member. I understand that the rescue squad will always be called when an Epinephrine Auto Injector is administered whether or not the camper manifests any symptoms of anaphylaxis. I have read the "Information/Procedures" section in this document and assume the responsibilities as required.

<input type="text"/>	<input type="text"/>
Camper Name	Camper Birthdate
<input type="text"/>	<input type="text"/>
Parent/Guardian (print or type)	Phone
<input type="text"/>	<input type="text"/>
Parent/Guardian (signature)	Date

Part 2: To be completed by health care provider

*A health care provider may use letterhead stationary or prescription pad in lieu of completing part 2 and must include: camper's name, allergen for which Epinephrine Auto Injector is being prescribed, the brand name, amount of pre-measured epinephrine, order for repeat dose if deemed necessary, health care provider's signature and date.

In accordance with New Jersey State Regulations, the Epinephrine Auto Injector may be administered by unlicensed staff, a Harbor Haven employee that received training by the camp nurse. Unlicensed staff are not allowed to wait for the appearance and observe for the development of symptoms before administering the Epinephrine Auto Injector.

1. **Name of medication:** Epinephrine Auto Injector (brand name includes EpiPen) *Ana Kit is not acceptable for use at camp.*

2. **Reason for medication:** For the management of acute allergic reactions to: (check all that apply)

- Insect stings (bees, wasps, hornets, yellow jackets, etc.) List if specific insect is known
- Ingestion of
- Other allergen (known or unknown). Please explain

3. **Medication is to be given if:** (check all that apply)

- Insect stings (bees, wasps, hornets, yellow jackets, etc.) List if specific insect is known
- Ingestion of
- Other allergen (known or unknown). Please explain

4. **Route of administration for Epinephrine Auto Injector:** Intramuscular (IM) into anterolateral aspect of thigh

5. **Dosage of medication:** (check one)

- Epinephrine Auto Injector 0.15 mg
- Epinephrine Auto Injector 0.30 mg

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6. Repeat in 10 minutes if rescue squad has not arrived?

*NOTE: For repeat dose, a second Epinephrine Auto Injector must be ordered and brought to camp.

Yes

No

Other. Please explain.

7. Common side effects:

Palpitations

Nausea

Rapid Heart Rate

Vomiting

Sweating

Other

Additional Remarks

This medication authorization is only valid for the current camp year.

Health Care Provider (Print or Type Name)

Signature of Health Care Provider

Date

Information and Procedures

1. Without a fully completed parent/guardian signed authorization and waiver, AND a health care provider's signed order and authorization, the Epinephrine Auto Injector WILL NOT BE ADMINISTERED AT CAMP OR DURING A CAMP SPONSORED TRIP.
2. Parent/guardian is responsible for obtaining the health care provider's order and authorization.
3. This form must be on file with the camper's health records.
4. Parent/guardian is responsible for submitting a new form to the camp each summer and/or whenever there is a change in dosage or a change in conditions under which the Epinephrine Auto Injector is given.
5. Medication must be properly labeled by a pharmacist and must match the health care provider's order. If the health care provider's orders include a repeat administration of the Epinephrine Auto Injector, an additional Injector must be provided by the parent/guardian.
6. Medication must be hand delivered to camp by the parent/guardian or, under special circumstances, an adult designated by the parent. DO NOT SEND MEDICATIONS WITH YOUR CAMPER OR GIVE TO THE BUS COUNSELOR.
7. All medication kept at camp is stored in a secure area accessible only to authorized personnel.
8. If a camper is subject to anaphylactic reaction(s) outside of the framework of the procedures outlined above, please call the camp director to discuss.
9. The camp RN will call the prescriber, as allowed by HIPAA, if a question arises about the camper and/or the camper's medication.

