

**EPI PEN/AVI-Q PROTOCOL**

In order to ensure the health and safety of all children participating in our religious education program, Saint Catherine of Siena Parish has the following policy with regard to students in need of access to an epinephrine auto-injector (EpiPen, Avi-Q) during religious education class meetings:

The parent, guardian must be present in the building for the duration of each class attended by the child, for the purposes of administering an epinephrine auto-injector in the event of an anaphylactic reaction.

If the child is in middle school or high school, and is authorized by a physician to self-administer his/her own auto-injector, the parent/guardian must complete the Authorization to Self-Administer form and have it signed by their physician.

Please note that it is the policy of the Religious Education program that when epinephrine is administered to any student, 911, Emergency Medical Services, will be called for further medical evaluation.

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**ACKNOWLEDGEMENT AND RELEASE BY PARENT**

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_ (child) who is enrolled in the Religious Education Program at **Saint Catherine of Siena Parish** on \_\_\_\_\_ (class day and time). I acknowledge that I have read and understand the above stated EpiPen/Avi-Q protocol. For the 2018-19 Religious Education year:

\_\_\_\_\_ I will attend with my child at every Religious Education class meeting throughout the year and will be responsible for carrying and administering, if needed, the epinephrine auto-injector (EpiPen, Avi-Q);

\_\_\_\_\_ My child is authorized to self-administer the epinephrine auto-injector (Authorization to Self-Administer form must be submitted).

**WAIVER AND RELEASE**

I recognize and acknowledge that there are certain risks associated with the administration of medication to my minor child. Such risks, include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

**I agree to release, indemnify and hold harmless said Designee and the Diocese of Bridgeport, Saint Catherine of Siena Parish Corporation, and their respective members, directors, officers, agents, volunteers and employees from any and all claims for injuries, damages and losses I or my minor child may have (or which may accrue to me or my minor child) and arising out of or in connection with, incidental to, or in any way associated with the administration of such medication.**

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

Cell Phone Number: \_\_\_\_\_

**Authorization to Self-Administer**

**Students will be allowed to self-administer epi-pens only with written authorization by a licensed physician together with written authorization of the parent or guardian of the child requesting self-administration. Signatures below constitute such authorization and signify that the child is capable of self-administration of the epi-pen.**

**Authorization of Parent or Legal Guardian**

I hereby give permission for my child to self-administer the epi-pen ordered above by his or her physician. I understand that my child will be responsible for transporting the pharmacy labeled epi-pen to the program, that it will be in my child's possession during the school day and that my child will be responsible for using it appropriately and as directed by his or her physician.

**Parent Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorization of Physician**

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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