

Parent/Guardian Request and Permission For EpiPen/Auvi-Q Administration

I hereby request and give permission for a non-medical person at St. Catherine of Siena Parish (Trumbull, CT), who has been trained to use a cartridge auto-injector, to administer epinephrine via cartridge auto-injector, to my child, when in apparent need thereof, while participating in a Religious Education program.

I will provide an epinephrine auto-injector device (EpiPen or Auvi-Q) properly labeled and in the original container, with the child's name and dosage printed on the pharmacy's label. It is my responsibility to ensure that the medication I provide for my child has not reached its expiration date. I will be responsible for transporting all epinephrine auto-injector devices to and from class.

Further, I understand that when epinephrine is administered to my child, 911 will be called and EMS will transport my child to the hospital.

On behalf of myself and my minor child, I hereby agree to release, indemnify and hold harmless the Diocese of Bridgeport, St. Catherine of Siena Parish (Trumbull CT) and its employees/agents/volunteers from any and all losses, claims, injuries, damages or expenses arising out of, or connected with, the administration of this medication to my minor child by a non-medical person.

The emergency procedure for any student experiencing possible anaphylaxis will be to:

1. Give epinephrine auto-injector (e.g. EpiPen® or Auvi-Q) at the first sign of a known or suspected anaphylactic reaction.
2. Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. Call emergency contact person (e.g. parent, guardian)

Name of Student: _____

Grade _____ Instructor: _____

Religious Education Class Meeting Location: _____

Signature of Parent/Guardian: _____

Print Name: _____

Date: _____ Cell Phone: _____ Home Phone: _____