**Policy Regarding Epinephrine Pre-filled Auto-injectors in Catechetical Class Settings**

**Option B – Self Administration of Epinephrine with a Pre-filled Auto-injector**: In the event that a child/adolescent has the competencies necessary to carry and self administer the epinephrine with a pre-filled auto-injector the parent/guardian must complete the “**Epinephrine Administration Form – Option B”** and return it to the Parish Religious Education Office. The parent/guardian must also provide the necessary documentation from their child’s physician. *(See attached forms.)* A medical professional or “designee” must be present during catechetical sessions in order to ensure that the necessary steps are taken following the self-administration of the epinephrine and to provide other assistance if needed. This form must be renewed on a yearly basis. *(See attached form.)*

* Option B: The parents/guardians understand that they must provide the pre-filled auto-injector containing epinephrine as outlined in Option A above. The student may carry the prescribed epinephrine in a secure manner that is also easily accessible by the medical professional, designee or parent/guardian to ensure prompt availability in the event of an allergic emergency at the parish program or related activity.
* Should the administration of the epinephrine be required, emergency ambulance services must be called immediately via 911 and the patient must be transported to the hospital emergency room for further treatment once the epinephrine has been administered. This treatment and course of action cannot be refused by the patient nor by the parents/guardians of the patient. This requirement applies even if the student’s symptoms appear to have resolved.

Policy – 04-16-2019

Policy\_04-19-2019

**2025-2026 Epinephrine Administration Consent Form**

**(Option B – Self-Administration by Child/Adolescent)**

**Parent/Guardian Acknowledgement of Receipt, Review and Consent To All Terms And Provisions**

**of Parish Catechetical Program Policy Regarding Epinephrine administration via a pre-filled auto-injector mechanism**

**Catechetical Year/Effective Dates: September 2025 to June 2026**

Month/Year Month/Year

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian Name Child’s Name

understand that my child has permission from his/her physician, is fully trained and is capable to self-administer epinephrine via a pre-filed auto-injector mechanism should it be required. I understand I must provide the necessary documentation from my child’s physician. *(See “Epinephrine Administration**Physician Form”)*

With respect to the emergency administration of epinephrine we also understand that:

**PLEASE INITIAL EACH STATEMENT IN THE BOX:**

|  |  |
| --- | --- |
|  | 1. **By signing this form the parents or guardians verify that the student has permission from his/her physician, is trained and capable of self-administration and consent to the student self-administering the epinephrine via a pre-filled auto-injector mechanism should it be required**. 2. **The parents or guardians of the student consent to the administration of the epinephrine via a pre-filled auto-injector mechanism by the medical professional or designee present during catechetical program times should the student be unable to self-administer the medication.** 3. The parent/guardians understand that they must provide the pre-filled auto-injector containing epinephrine. They understand that they are responsible for replacing the medication when it expires or when otherwise necessary. 4. The student carries the prescribed epinephrine in a secure manner that is also easily accessible by the medical professional, designee or parent/guardian to ensure prompt availability in the event of an allergic emergency at the parish program or related activity. 5. If and when a student is injected with epinephrine, 911 must be called and the student must be transported to a hospital emergency room by emergency services personnel. This treatment and course of action cannot be refused by the patient nor the parents/guardians of the patient. This requirement applies even if the student’s symptoms appear to have resolved. 6. The PCL has informed the parents or guardians of the student that the parish and its employees and agents shall have no liability as a result of any injury arising from the administration of the epinephrine to the student. 7. By signing this form the parents or guardians of the student are acknowledging their understanding that the parish and its employees and agents shall have no liability as a result of any injury arising from the administration of the epinephrine via a pre-filled auto-injector mechanism to the student and that the parents or guardians shall indemnify and hold harmless the parish and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to the student. 8. This permission is effective for the program year for which it is granted but must be renewed for each subsequent program year upon fulfillment of the requirements of paragraphs a. through f. above. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian signature Date Signed

Date received by parish catechetical program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parish Catechetical Staff Policy\_4-19-2019

**Epinephrine Administration - Physician Form**

**School Year:** **2025-2026 FORM DUE: 9/30/25**

***Forms submitted after \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may delay the child’s participation in religious education.***

**PLEASE PRINT CLEARLY**

|  |  |  |
| --- | --- | --- |
| **Student: Last Name First Name** | **Date of Birth** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  M M D D Y Y Y Y | qmale  qfemale |
| **Grade** | **Weight \_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

**HEALTH CARE PRACTITIONERS COMPLETE BELOW**

|  |  |  |
| --- | --- | --- |
| **Please List Student Allergies:** | | |
|  | | |
| **History of anaphylaxis?** | q NO  q YES Date \_\_ \_\_ / \_\_ \_\_/ \_\_ \_\_ \_\_ \_\_ |  | |
| **Comments:** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Does this student have the ability to:** | | | **Comments:** |
| Self-Manage *(See ‘Student Skill Level’ below)* | qYes | qNo |
| Recognize signs of allergic reactions | qYes | q No |
| Recognize/avoid allergens independently | qYes | qNo |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Epinephrine Administration** | | | | |
| **CALL 911**, Immediately administer (Select appropriate dose):  q **Epinephrine** Auto-Injector 0.15 mg  q **Epinephrine** Auto-Injector 0.3 mg | | | | |
|  |  | |  | |
| **Student Skill Level** *(select the most appropriate option)*  qDependent Student: medical professional/trained designee/parent/guardian must administer | | | | |
| qIndependent Student: student is self-carry/self-administer | | **Practitioner’s Initials** | | **I attest student demonstrated ability to self-administer the prescribed medication effectively for catechetical sessions / related events.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Health Care Practitioner Name** (Please Print)  LAST FIRST | **Signature** | | Date \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
| Address City State Zip | | Tel. ( \_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ | Fax. ( \_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ |

Policy\_4-19-2019