

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

Parishes may choose from the following options when a child may require the administration of epinephrine with a pre-filled auto-injector.

**Option A – Medical Professional or “Designee” present during Religious Education Classes:** A medical professional (e.g. nurse, trained EMT, doctor) or a “designee” must be present during catechetical classes in order to administer the epinephrine with a pre-filled auto-injector should it be required. [See requirements for “designees” below.] The medical professional or “designee” must fulfill the requirement of the Child Protection Policy, undergo the background check and attend Protecting God’s Children as required by the policy. If the parish is able to obtain the services of such medical professional or “designee” to be present during classes either on a paid or volunteer basis, then the parent/guardian must complete the “**Epinephrine Administration Form – Option A**” and return it to the Parish Religious Education Office. This form must be renewed on a yearly basis. *(See attached form.)*

*Designee: A designee is someone who the Parish Catechetical Leader has selected or approved to be present during catechetical classes in order to administer the epinephrine with a pre-filled auto-injector should it be required. The designee must be trained and certified for this purpose by an organization accredited to provide such certification. This certification must be kept current and documentation of this certification for each designee must be kept on file by the Parish Catechetical Leader.*

OR

**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.)*

OR

**Option C – Parent/Guardian present during Religious Education Classes:** A parent/guardian of the child, or a “designee” appointed by the parent/guardian, must be present in the building during the class period to administer the epinephrine with a pre-filled auto-injector should it be necessary. Such a parent/guardian must fulfill the requirement of the Child Protection Policy, undergo the background check and attend Protecting God’s Children as required by the policy. A “designee” selected by the parent/guardian must be approved by the Parish Catechetical Leader and must meet the requirements for “designees” as outlined in Option A above. The parent/guardian must complete the “**Epinephrine Administration Form – Option C**” and return it to the Parish Religious Education Office. This form must be renewed on a yearly basis. *(See attached form.)*

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**Also Note with respect to the emergency administration of epinephrine:**

- Option A: The parents/guardians understand that they must provide the pre-filled auto-injector containing epinephrine. Parents may send the medication at each session or leave the medication with the Parish Catechetical Leader for the duration of the catechetical year. If the parents/guardians leave the medication for the duration of the program year, they understand that they are responsible for replacing the medication when it expires or when otherwise necessary. They agree to pick up any unused medication at the end of the school year, when the medication becomes outdated, or when the medication is no longer necessary, whichever comes first. The student’s prescribed epinephrine shall be placed in a secure but unlocked location 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.

- 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.
- Option C: In cases where the parents/guardians, or a “designee” selected by the parents/guardians, are on premises to administer the epinephrine, they understand that they are responsible for bringing the pre-filled auto-injector with them to every session and take it home with them after every session. In cases where the parents/guardians, or a “designee” selected by the parents/guardians, are on premises to administer the epinephrine, they understand that they are responsible for having the pre-filled auto-injector containing epinephrine on their person at all times while present at program sessions.
- 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.

**If none of the above options are possible**, the family may opt to home school the child according to the Home School Policy that is outlined in the Catechetical Administration Manual.

**Please be sure to include a copy of your parish’s Policy for the administration of epinephrine in your Parent/Guardian Handbook. The parish catechetical program ensures all program parents/guardians are aware of the policy when the parents/guardians sign and acknowledge receipt of the parent handbook. In cases where the parish needs to implement this policy, the parents/guardians of the child who is prescribed epinephrine to be administered via a pre-filled auto-injector must also sign the appropriate form (for Option A, Option B or Option C) in addition to the parent/guardian handbook acknowledgment.**

- a. The parents or guardians of the student consent in writing to the administration of the epinephrine via a pre-filled auto-injector mechanism according to the option selected (Option A, B or C).
- b. It is the parents/guardians responsibility to inform the parish catechetical leader at the time of registration that they have a child who is prescribed epinephrine to be administered via a pre-filled auto-injector. Parents must also inform the parish catechetical leader if their child is prescribed epinephrine at any point during the year.
- c. The PCL informs the parents or guardians of the student in writing 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.
- d. By signing the appropriate form (Option A, B or C), the parents or guardians of the student sign a statement 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.
- e. The 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 (d) above.

# Epinephrine Administration Consent Form Holy Trinity Summer

## (Option A – Administration by Medical Professional or Designee )

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: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_, understand that a  
Child's Name

medical professional or a designee will be present during catechetical classes in order to administer Epinephrine via a pre-filled auto-injector mechanism should it be required.

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

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

- a. **By signing this form we, 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.**
- b. The parents/guardians understand that they must provide the pre-filled auto-injector containing epinephrine. Parents may send the medication at each session or leave the medication with the Parish Catechetical Leader for the duration of the catechetical year. If the parents/guardians leave the medication for the duration of the program year, they understand that they are responsible for replacing the medication when it expires or when otherwise necessary. They also agree to pick up any unused medication at the end of the school year, when the medication becomes outdated, or when the medication is no longer necessary, which ever comes first. The student's prescribed epinephrine shall be placed in a secure but unlocked location easily accessible by the medical professional or designee to ensure prompt availability in the event of an allergic emergency at the parish program or related activity.
- c. 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 can not 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.
- d. The PCL has informed the parents or guardians of the student that the parish and its employees and agents and the medical professional or designee on site, shall have no liability as a result of any injury arising from the administration of the epinephrine to the student.
- e. By signing this form the parents or guardians of the student are acknowledging their understanding that the parish and its employees and agents and the medical professional or designee on site, 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 and the medical professional on site, against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to the student.
- f. 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

# Epinephrine Administration Consent Form Holy Trinity Summer

## (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: \_\_\_\_\_ to \_\_\_\_\_  
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-filled 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:**

- a. **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.**
- b. **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.**
- c. 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.
- d. 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.
- e. 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.
- f. 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.
- g. 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.
- h. 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

# Epinephrine Administration Consent Form Holy Trinity Fall Programs

## (Option C – Administration by Parent/Guardian of the child)

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: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I/We, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
Parent/guardian Name Child's Name

understand that I/We, or the named designee \_\_\_\_\_, will be present in  
Name of \*Parent Selected Designee

the building during catechetical classes in order to administer epinephrine via a pre-filled auto-injector mechanism to my own child should it be required. I/We understand I/We must fulfill the requirements of the Child Protection Policy, undergo the background check and attend Protecting God's Children as required by the policy.

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

### PLEASE INITIAL EACH STATEMENT IN THE BOX:

- a. By signing this form the parents or guardians, or their \*selected "designee", of the student consent to being present in the building, during the catechetical program times in order to administer the epinephrine to their own child via a pre-filled auto-injector mechanism should it be required.
- b. \*The parents/guardians understand that their selected designee must be approved by the Parish Catechetical Leader, must be trained and certified for this purpose by an organization accredited to provide such certification and must fulfill the requirements of the Archdiocese of Newark Child Protection Policy.
- c. The parents/guardians, or their selected "designee", understand that they are responsible for bringing the pre-filled auto-injector with them to every session and take it home with them after every session.
- d. In cases where the parents/guardians are on premises to administer the epinephrine, they understand that they are responsible for having the pre-filled auto-injector containing epinephrine on their person at all times while present at program sessions.
- e. 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.
- f. 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.
- g. 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.
- h. 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/Guardian Printed Name Date

\_\_\_\_\_  
Parent Designee Printed Name (if applicable) Date

\_\_\_\_\_  
Parent or Guardian signature Date

\_\_\_\_\_  
Parent Designee signature (if applicable) Date

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

\_\_\_\_\_  
Signature of Parish Catechetical Staff

**HOLY TRINITY FAITH FORMATION ALL PROGRAMS  
Epinephrine Administration - Physician Form**

School Year: \_\_\_\_\_

FORM DUE: \_\_\_\_\_

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

**PLEASE PRINT CLEARLY**

<b>Student: Last Name</b>	<b>First Name</b>	<b>Date of Birth</b> ___/___/____ MM  DD   YYYY	<input type="checkbox"/> male <input type="checkbox"/> female
<b>Grade</b>	<b>Weight</b> _____		

**HEALTH CARE PRACTITIONERS COMPLETE BELOW**

**Please List Student Allergies:**

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**History of anaphylaxis?**     NO  
   YES    Date \_\_\_/\_\_\_/\_\_\_\_

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**Comments:**

<b>Does this student have the ability to:</b>	<b>Comments:</b>	
Self-Manage (See 'Student Skill Level' below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recognize signs of allergic reactions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recognize/avoid allergens independently	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Epinephrine Administration**

**CALL 911**, Immediately administer (Select appropriate dose):

- Epinephrine** Auto-Injector 0.15 mg
- Epinephrine** Auto-Injector 0.3 mg

<b>Student Skill Level</b> (select the most appropriate option)		
<input type="checkbox"/> Dependent Student: medical professional/trained designee/parent/guardian must administer		
<input type="checkbox"/> Independent Student: student is self-carry/self-administer	<b>Practitioner's Initials</b>	<b>I attest student demonstrated ability to self-administer the prescribed medication effectively for catechetical sessions / related events.</b>

<b>Health Care Practitioner Name</b> (Please Print) LAST                                      FIRST	<b>Signature</b>	Date ___/___/____
Address                                      City                                      State    Zip	Tel. (____)____-____	Fax. (____)____-____