

EpiPen and/or EpiPen Jr. Care Consent/Verification
Heritage Christian Preschool
Child Care Facility

This form may be used to show compliance with Health and Safety Code Section 1596.798 before a child care licensee or staff person administers suppositories to a child in care. A copy of the completed form should be filed in the child's record and in the personnel file. ***A separate form must be filled out for each person who administers EpiPen and/or EpiPen Jr. to the child.***

I, _____, give my consent for _____, who work(s) at Heritage Christian Preschool, to administer EpiPen and/or EpiPen Jr. to my child, _____, and to contact my child's health care provider.

In addition, I certify that I have personally instructed the above-named licensee or staff person on how to administer an EpiPen and/or EpiPen Jr. to my child.

I have also provided the child care facility with written instructions from my child's physician, or from a health care provider working under the supervision of my child's physician (for example, a physician's assistant, nurse practitioner or registered nurse). These instructions include:

- Specific indications (such as symptoms) for administering the EpiPen and/or EpiPen Jr. in accordance with the physician's prescription.
- Potential side effects and expected response.
- Dose form and amount to be administered in accordance with the physician's prescription.
- Actions to be taken in the event of side effects or incomplete treatment response in accordance with the physician's prescription. This includes actions to be taken in an emergency.
- Instructions for proper storage of the medication.
- The telephone number and address of the child's physician.

Signature of Authorized Representative

Print Name of Authorized Representative

Date

Address of Authorized Representative

Home Telephone Number

Work Telephone Number