

# Individual Health Care Plan requiring **EPI Pen**

This form to be used for any child who has been prescribed an EPI Pen. It must be signed by a Health Care Professional.  
**Plan must be renewed annually or when child's condition changes**

Check all that apply...

**Plan was created by:**

Parent / Guardian  
 Doctor or Licensed Practitioner  
 Other \_\_\_\_\_

**Plan is maintained by:**

Co-Director \_\_\_\_\_  
 Office Administrator \_\_\_\_\_  
 Other \_\_\_\_\_

THIS MUST ALL BE FILLED OUT

Child's name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date \_\_\_\_\_

**Name** of chronic health care condition:

**Description** of chronic health care condition requiring **EPI PEN**:

**Symptoms:** please check

<input type="checkbox"/> itching, tingling	<input type="checkbox"/> nausea	<input type="checkbox"/> wheezing	_____
<input type="checkbox"/> swelling	<input type="checkbox"/> tightening of throat	<input type="checkbox"/> shortness of breath	_____
<input type="checkbox"/> hives	<input type="checkbox"/> coughing	_____	_____

Medical **treatment** necessary while at the program:

Epinephrine: inject intramuscularly (circle one)      EPI PEN 0.3mg      EPI PEN 0.15mg  
 Repeat in \_\_\_\_\_ minutes if symptoms continue to progress

Potential **side effects** of treatment:

increased heart rate, dizziness, nausea, vomiting, weakness, anxiety

Potential **consequences** if treatment is not administered:

Anaphylaxis

Name of Licensed Health Care Practitioner (please print): \_\_\_\_\_

**Licensed Health Care Practitioner authorization:**  \_\_\_\_\_ Date: \_\_\_\_\_

Parental / Guardian consent \_\_\_\_\_ Date: \_\_\_\_\_

Name of staff who received training addressing the medical condition:

Name of person (child's health Care Practitioner, child's parent, program's health care consultant) who trained the staff:  
 Child's Parent

***For Older Children ONLY (9+ years of age) who have permission to carry their own medication:***

With written parental consent **and** authorization of a licensed health care professional, this IHCP permits older school age children to carry their own inhaler and/or EpiPen and use them as needed without the direct supervision of an ASC staff member. The inhaler / EpiPen will be stored in a zippered section of the child's backpack.

The staff members are aware of the contents and requirements of the child's IHCP specifying how the inhaler or EpiPen will be kept secure from access by other children in the program. Whenever an IHCP provides for a child to carry his own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed.      Back up medication received?    YES    NO

The child named above, age \_\_\_\_\_ has permission to carry and self administer his     INHALER     EPI-PEN

Licensed Health Care Practitioner signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

11/16/2015

ASC signature \_\_\_\_\_ Date \_\_\_\_\_

q=every, q4<sup>o</sup> = every 4 hours, BID = 2X a day, QID = 4 X a day, NOS=not otherwise specified, PO = by mouth, HS=night time,