



**Fairfax County Park Authority**  
**EPI-PEN & INHALER MEDICATION AUTHORIZATION**

**PART I: To be Completed by the Parent/Guardian**

*We strongly encourage all medications to be administered at home. All first time uses should be done at home first. I hereby authorize Fairfax County Park Authority (FCPA) personnel to administer medication to my child as directed below. I agree to release, indemnify, and hold harmless FCPA and any of its officers, staff, contractors or agents from lawsuit, claims, expense, demand, or action against them for administering medication to my child. I am aware medication will be administered by a non-health professional. I have read the procedures outlined on the back of this form and I assume responsibility as required.*

**Child's Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

Medication Name and Prescription # \_\_\_\_\_

Symptoms/Conditions for which the medication is ordered \_\_\_\_\_

Possible Side Effects from Medication \_\_\_\_\_

Special Instructions (if any) \_\_\_\_\_

\_\_\_\_\_  
**Parent's Signature** **Daytime Phone** **Date**

**PART II: To be Completed by a Physician (for Inhalers and Epi-pens)**

*For Epi-pens: Emergency injections are administered by non-health professionals who are taught by the Fairfax County Health Department. For this reason, only pre-measured doses of Epinephrine may be given. It should be noted that these staff members are not trained observers; therefore, they cannot observe for the development of symptoms before administering the injection. I understand that the rescue squad will always be called when Epinephrine is injected, whether or not the child manifests any symptoms of anaphylaxis). The following injection will be given immediately after report of exposure to:*

\_\_\_\_\_  
 Indicate specific allergen and type of exposure (i.e. ingestion, skin contact, inhalation)

Check as appropriate (medication expiration date must be clearly indicated) Epi-Pen/ Epi-Pen Jr.:

- \_\_\_ Give the pre-measured dose by auto injection
- \_\_\_ Repeat dose in 15 minutes if rescue squad has not arrived (2 kits needed)

*For inhalers:*

Please select one of the following (for inhalers only):

- \_\_\_ I believe it is best for the camp staff to carry the inhaler and given to my child upon request.
- \_\_\_ I believe this child can use the medication properly and may carry the medication on his/her person.

The medication listed on this form is a long term medication and may be administered as needed.

\_\_\_\_\_  
**Physician's Name and Phone Number** **Physician's Signature** **Date**

**FCPA Use**

This form is complete and the medication is appropriately labeled. \_\_\_Initial \_\_\_Date  
 The child \_\_\_\_\_ (has/ has not) been approved to carry own Epi-Pen or inhaler.

## Specific Information and Procedures

### Epinephrine

1. Epinephrine may not be administered without parent/guardian and physician authorizations.
2. Medication may not be accepted by personnel unless the Authorization Form is completed and signed.
3. A Physician may use office stationery or prescription pad in lieu of completing the physician section of the FCPA form if it includes: child's name, allergen for which Epinephrine is being prescribed, brand name, amount of pre-measured epinephrine, time for repeat doses if deemed necessary, physician's signature, and date.
4. The parent/guardian is responsible for submitting a new form whenever there is a change in dosage or a change in the conditions under which epinephrine is to be injected.
5. Only pre-measured doses of epinephrine may be given by FCPA personnel.
6. Medication must be properly labeled by pharmacist. Expiration date must be clearly indicated.
7. If repeat doses of Epi-pen injections are in the physician's order, the parent/guardian must supply two Epi-pen kits.
8. Medications must be hand delivered by the parent/guardian and any unused portions must be picked up by the parent/guardian immediately after effective date or on child's last day.
9. Epi-Pens shall be kept accessible to authorized staff (out of children's reach).
10. Under no circumstances may any staff member facilitate the taking of any medications outside of the procedures outlined above.
11. The Fairfax County Park Authority does not assume responsibility for unauthorized medication taken independently by the child.

### Inhalers

1. All medications to be administered during program hours must have parent/guardian authorization.
2. The parent/guardian must transport the medication to the program and give to designated staff.
3. The Medication **must be** properly labeled with the child's name, medication name, exact dosage to be taken, and exact time dose is to be taken. The medication must be in the original container. The form and container must match.
4. First dosage must be taken at home.
5. Parent/guardian is responsible for submitting new authorizations each time there is a change in dosage which medication is to be administered.
6. Medications may not be accepted by personnel unless the Authorization Form is completed and signed.
7. Inhalers shall be kept accessible to authorized staff (out of children's reach).
8. The parent/guardian must retrieve unused portions of medication immediately after the effective date expires or at the end of the child's enrollment. Medications not claimed will be destroyed.
9. Under no circumstances may any staff member facilitate the taking of any medications outside the procedures outlined here.
10. The Fairfax County Park Authority does not assume responsibility for unauthorized medication taken independently by the child.