



BALTIMORE COUNTY SAILING CENTER

A recreation council of Baltimore County Recreation and Parks

Mailing Address: P.O. Box 34134, Baltimore, MD 21221
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Director@bcsailing.org

Use of epinephrine auto-injectors (Epi-Pens) for anaphylaxis during BCSC programs

Baltimore County Sailing Center (BCSC) and the Department of Recreation and Parks will assist with the administration of the Epi-Pen at Recreation and Parks programs where a request has been made as a lifesaving measure for the treatment of severe allergic reactions.

Emergency Contact Form

To Be Completed by Parent/Guardian		
Date form completed:	Revised:	Initials:
Child's Name:	Birth Date:	Nickname:
Home Address:		
City:	State:	Zip:
Home Phone:	Work/Cell Phone:	
Emergency Contact Name(s):		Relationship:
Home Phone:	Work/Cell Phone:	
Primary Language:	Phone Number(s):	

Severe symptoms can cause a **Life Threatening Reaction:**

- Hives spreading over the body
- Wheezing, difficulty swallowing or breathing
- Swelling of face/neck; tingling or swelling of tongue
- Vomiting
- Signs of shock (extreme paleness/gray color, clammy skin)
- Loss of consciousness

Treatment:

1. Give EpiPen or EpiPen Jr. immediately. Place against upper outer thigh, through clothing if necessary.
2. CALL 911 (or local emergency response team) immediately. EpiPen only lasts 20-30 minutes.
911 (emergency response team) should always be called if EpiPen is given.
3. Contact parents or emergency contact person. If parents unavailable, school staff should accompany the child to the hospital.

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Directions for use of EpiPen:

1. Pull off gray cap.
2. Place black tip against upper outer thigh.
3. Press hard into outer thigh, until it clicks.
4. Hold in place 10 seconds, then remove
5. Discard EpiPen by giving it to emergency responder for disposal.
6. If symptoms don't improve after _____ minutes, administer second dose, following steps 1-5 above.

Special Instructions (for Health Care Practitioner to complete):

Prescribing Practitioner Signature: _____ Print Name: _____ Date: _____

Parent/Guardian Signature: _____ Print Name: _____ Date: _____

Emergency Medication for Anaphylaxis: *CONSENT FOR ADMINISTRATION*

Parent must complete Section A and supply the medication labeled clearly with the child's name. An adult must bring the medication to the center the first day of camp.

Health care practitioner must complete the bottom of this form. This form applies only to the use of EpiPen or an equivalent measure of emergency treatment of anaphylaxis, while waiting for response from 911 call.

NAME OF CHILD: _____ DATE OF BIRTH: _____ AGE: _____

Section A: (To be completed by parent/guardian for any medication to be administered to the child.)

MEDICATION	DATES TO ADMINISTER	
	START	STOP
This medication is being given for the following condition(s):		
I/We request that designated child care providers/or staff administer medication as noted on this form. I/We certify that I/We have legal authority to consent to medical treatment for the child named above, including administration of medication while in child care. I/We understand that at the end of the year, or if medication is discontinued or expired an adult must pick up the medication, otherwise it will be discarded.		
Signature of Parent/Guardian: _____		Date: _____

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Section B: (To be completed by the Health Care Practitioner for approval to administer EpiPen or equivalent, for symptoms of anaphylaxis.)

MEDICATION	DOSAGE	WHEN TO GIVE	DATES TO ADMINISTER	
			START	STOP
This medication is being given for the following condition(s):				
ADDITIONAL INSTRUCTIONS:				
Note any side effects of this medication:				
Note any reasons or conditions when this medication should be stopped or not given:				
Health Care Practitioner's Signature: _____ Date: _____				
Print, Type or Stamp: Name, Address, Phone number and Title of Health Care Practitioner:				