

ENROLLMENT ADDENDUM ACCOMMODATION PLAN



Date Prepared: _____ Program Year: _____

Program Participant: _____ Program Site: _____

NATURE OF ACCOMMODATION:

EPI PEN USE FOR TREATMENT OF ALLERGIC REACTION

ENROLLMENT QUALIFICATION: Enrollment in the program is subject to the signed and dated acceptance of this plan by the participant and parents or legal guardians. If it is determined, at any time, that this agreement must be modified or terminated, the participant's parents or guardians agree to make alternate arrangements as quickly as possible.

ORGANIZATION COMMITMENT:

AFTER SCHOOL is committed to protecting the health and well being of every child in our care. We understand that the treatment of an allergic reaction at times includes the administration of an Epi Pen.

AFTER SCHOOL is subject to licensing regulations that insure the health and safety of all children in our care related to medications and their use in our programs. Therefore, it is our policy that all Epi Pens will be kept in the possession of the site staff and available to the child on request during the program hours. The Epi Pen must be prescription labeled for this child and its use communicated in accordance with the Authorization to Administer Medication procedures. Enrollment in the program is subject to the following agreement:

PLAN PROVISIONS REQUIRED OF PARTICIPANT AND/OR PARENTS:

1. Parent will deliver the Epi Pen to the site supervisor in the pharmacy container clearly showing the child's name and physician instructions.
2. A medical authorization form will be signed by the parent, authorizing AFTER SCHOOL staff to administer the pen.
3. When it has been determined that the child is having an allergic reaction, the child will self administer the Epi Pen if possible, and if unable to do so, staff will administer the Epi Pen.
4. Participant and parent both agree that the Epi Pen, along with all other medications, will be kept in the possession of the site staff and available on request during program hours.
5. Parent agrees to keep site staff notified of all medication dosages, frequencies, and all changes in condition or treatment through the use of the Authorization to Administer Medication Form.
6. As soon as the Epi Pen has been administered, staff will call 911 for assistance, and parent agrees with this practice.

PLAN ACKNOWLEDGEMENT:

Participant Signature: _____ Date: _____

Parent Name (please print): _____

Parent Signature: _____ Date: _____

Parent Name (please print): _____

Parent Signature: _____ Date: _____