

## Crossroads Church

### Health Information and EpiPen Administration Policies and Procedures

#### Overview:

Crossroads Children's Ministry is dedicated to bringing church and family together for a child's spiritual growth. To do this, we strive to provide a safe environment for the children who attend our programming. One way we do this is to be aware of any medical problems a child has, including allergies. We know that allergies can be caused by various sources such as certain foods (peanuts, tree nuts, milk, wheat, etc.), animal allergies, insect stings or bites, medication, environmental agents, latex, etc. and that reactions range from mild to severe. We also understand that some children suffer from other health issues such as asthma or diabetes which may be taken into account in our programming.

To help up care for your child, we need you to complete the attached *Detailed Health Form*. If your child has severe allergies and you want our staff to administer an EpiPen in the event of an emergency, you must also complete and return Part 2 of the *Detailed Health Form* as well as the half-sheet *EpiPen Administration Permission Form* which we require to accompany your child's EpiPen in a zip lock bag. Allergy policies and forms can be obtained at the Children's Ministry Welcome Desk, or on the church website at [crossroadsefc.com](http://crossroadsefc.com). If you have any questions or concerns, please contact Kristi Nate at [childrensministry@crossroadsefc.com](mailto:childrensministry@crossroadsefc.com).

#### Snack Policies:

Outside snacks are sometimes brought in for special occasions. **Parents are responsible for watching for any "Special Snack" signs at the Children's Kiosk and ensuring that their child may safely enjoy the snack or informing their child's teacher if the snack should not be given.** If possible, original snack packaging for special snacks will be available so that parents may read the ingredient list.

#### Health/Allergy Forms Information:

1. We encourage any parent or guardian whose child has allergy or health concerns to submit a *Detailed Health Form*. If the child may require the use of an EpiPen, please also complete part 2 of the *Detailed Health Form*.
  - a. Forms can be obtained at our Children's Ministry Welcome Desk or on our church website at [crossroadsefc.com](http://crossroadsefc.com)
  - b. If there is a change in the child's allergies and/or dosage or conditions under which EpiPens are to be given, please submit a new *Detailed Health Form*.
2. A half-sheet *EpiPen Administration Permission Form* should be completed and included in a zip lock bag with provided Epi-Pens, consistent with the EpiPen policies below. *EpiPen Administration Permission Forms* may be used week to week.

## **EpiPen Policies:**

1. **Children's Ministry staff and volunteers are not professional medical personnel.** However, basic EpiPen administration training is offered for staff and key volunteer leaders. While we attempt to have trained individuals present at all times, we cannot guarantee that such an individual will always be immediately available in the event of an emergency.
2. We do not provide EpiPens. They must be prescribed by a physician for a specific child and brought to church by a parent *each time* the child is in attendance.
3. If a child requires the use of an EpiPen, we must have the following:
  - a. A Detailed Health Form with Part 1 and 2 completed and signed by the parent or the legal guardian.
  - b. EpiPens inside a zip lock bag including the completed half sheet *EpiPen Administration Permission Form*. EpiPens must be properly and clearly labeled with:
    - I. The child's first and last name
    - II. The dosage of Epinephrine
    - III. The expiration date (We will not accept expired EpiPens.)
4. Children's Ministry staff and volunteers will not administer any medication except for an EpiPen in the event of an emergency.

## **Procedures**

1. If your child requires the use of an EpiPen, place the EpiPen into a zip lock bag with the completed half sheet *EpiPen Administration Permission Form* which may be reused from week to week.
2. The zip lock bag is to be hand-delivered to the teacher or adult in charge of the classroom or event unless the child is approved to carry his/her own EpiPens.
3. Classroom staff or volunteers will put the EpiPens in the Emergency Containers located inside all classroom doors and large group areas where they can be picked up by the parent at the end of the service/program. A classroom teacher can show you the location of the container for your child's specific classroom and/or age group.
4. If your child has an anaphylactic reaction and has an EpiPen, the following will occur:
  - a. The EpiPen in its respective zip lock bag will be retrieved from the Emergency Container.
  - b. A Children's Ministry staff member or volunteer will check the half sheet *EpiPen Administration Permission Form* in the zip lock bag to determine parent permission and the EpiPen dosage information.
  - c. An EpiPen will be administered by a Children's Ministry staff member or volunteer. If no trained individual is available the EpiPen will not be administered until one is present.
  - d. 911 will be called.
  - e. The parents or legal guardian will be called by cell phone.
5. Take your child's EpiPen with you at the end of the class or event. The Children's Ministry staff is not responsible for any medication left at Crossroads Church and will not store EpiPens.

**Crossroads Church**  
**Detailed Health Form**  
**(Part 1 – Health and Allergy Concerns)**

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_

My child has diabetes

My child has asthma

My child has: \_\_\_\_\_

My child is allergic to:

Food (peanuts, tree nuts, shellfish, etc.)

Please specify: \_\_\_\_\_

Type of reaction: \_\_\_\_\_

Animals, or insect stings or bites (dogs, cats, bee stings, fire ant bites, spider bites, etc.)

Please specify: \_\_\_\_\_

Type of reaction: \_\_\_\_\_

Drug or Medication (Penicillin, etc.)

Please specify: \_\_\_\_\_

Type of reaction: \_\_\_\_\_

Other (such as seizures, asthma, diabetes, hemophilia)

Please specify: \_\_\_\_\_

Type of reaction: \_\_\_\_\_

If you have checked off any of the above boxes, please explain the severity and list the reactions:

If your child has a severe allergy that requires the administration of an EpiPen, please complete *Part 2 – EpiPen Administration Permission Form* (the next page of this document).

I have read and understand that the Crossroads Church Children's ministry staff will not administer any medication except for an EpiPen by a trained staff member or key volunteer in the event of an emergency.

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Parent or Legal Guardian Printed Name

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Parent or Legal Guardian Signature

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Date

**Crossroads Church**  
**Detailed Health Form and Release**  
**(Part 2 – EpiPen Administration Permission)**

To be completed by parent or legal guardian and kept on record by Crossroads Church Children's Ministry Staff:

Child's Name as it appears on the EpiPen: \_\_\_\_\_

I hereby authorize the Crossroads Church Children's Ministry staff and volunteers to administer an EpiPen to my child if he/she has known exposure and/or a severe allergic reaction to a specified allergen. I agree to release, indemnify, defend and hold harmless Crossroads Church and any of its staff, volunteers, or agents from any and all injuries, lawsuits, judgments, settlements, claims, liabilities, expenses (including reasonable legal expenses,) demands or actions against them arising out of their conduct, whether negligent or not, in administering or failing to administer the EpiPen prescribed specifically for my child. I am aware that the injection will probably be administered by a trained staff member or volunteer who is not a healthcare professional, and that if no trained individual is present the EpiPen will not be administered until one is present.

I have read the *Health Information Administration Policies and Procedures* and agree to provide an EpiPen as required.

I understand that 911 will always be called when an EpiPen is administered to my child.

The following EpiPen has been prescribed. Check as appropriate:

EpiPen (the premeasured dose is 0.3mg. of Epinephrine)

Give the initial dose.

Repeat the dose in 15 minutes if a professional emergency team has not arrived.

EpiPen Jr. (the premeasured dose is 0.15mg. of Epinephrine)

Give the initial dose.

Repeat the dose in 15 minutes if a professional emergency team has not arrived.

My child has received adequate training on how and when to use an EpiPen and can use it properly in case of an emergency. He/she will carry EpiPens **at all times**.

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Parent or Legal Guardian Printed Name

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Parent or Legal Guardian Signature

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Date

To be completed by a Crossroads Church Children's Ministry staff member: The above has been reviewed with the parent or legal guardian. Additional remarks:

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Crossroads Children's Ministry Staff Printed Name

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Crossroads Children's Ministry Staff Signature

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Date

## **EpiPen Administration Permission Form and Release**

To be completed by parent or legal guardian and placed in zip lock bag with EpiPen:

Child's Name as it appears on the EpiPen: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

Parent/Guardian Emergency Cell/Phone: \_\_\_\_\_

My child is allergic to: \_\_\_\_\_

I hereby authorize the Crossroads Church Children's Ministry staff and volunteers to administer an EpiPen to my child if he/she has known exposure and/or severe allergic reaction to a specified allergen. I agree to release, indemnify, defend and hold harmless Crossroads Church and any of its staff, volunteers or agents from any and all injuries, lawsuits, judgments, settlements, claims, liabilities, expenses (including reasonable legal expenses), demands, or actions against them arising out of their conduct, whether negligent or not, in administering or failing to administer the EpiPen prescribed specifically for my child. I am aware that the injection will probably be administered by a trained staff member or volunteer who is not a healthcare professional, and that if no trained individual is present the EpiPen will not be administered until one is present.

The following EpiPen has been prescribed. Check as appropriate:

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EpiPen Jr. (the premeasured dose is 0.15mg. of Epinephrine)

My child has received adequate training on how and when to use an EpiPen and can use it properly in case of an emergency. He/she will carry EpiPens **at all times**.

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Parent or Legal Guardian Printed Name

Parent or Legal Guardian Signature

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Date

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## **EpiPen Administration Permission Form and Release**

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Child's Name as it appears on the EpiPen: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

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Parent or Legal Guardian Printed Name

Parent or Legal Guardian Signature

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Date