



YMCA OF SAN DIEGO COUNTY
Child & Youth Development

**EPI-PEN: PHYSICIAN'S CHECKLIST (LICENSED FACILITIES)
(CHILD'S EVALUATION FOR APPROPRIATENESS OF CARE)**

PART A – INFORMATION TO BE COMPLETED BY PHYSICIAN

Name of Child: _____ Birthdate: _____

Assessment of Stability of Child's Medical Condition

Is the child's medical condition stable enough for a layperson with instruction/ training to safely administer medication to and properly care for the child in a childcare setting? Yes No

Please explain: _____

Designation of Person to Provide Instruction on EpiPen Medication

If the answer to the above question is yes, each person who administers the medication to the child must be instructed on how to provide that care by a competent person designated by the child's physician. Please indicate the person you designate to provide this instruction with regard to the above-named child (may be the child's authorized representative).

Name _____ Phone Number: _____

Address _____

Title or Relationship to Child: _____

Please provide specific steps for layperson to administer this medication to the child. The instructions must be updated annually, or whenever the child's needs dictate, and must include:

- The name and use of the medication.
- The name and use of any equipment and supplies needed.
- The proper dosage/ amount.
- The proper storage and cleaning.
- The method of administration.
- The time schedules by which the medication is to be administered.
- A description of any potential side effects and the expected protocol.
- A description of how to identify and respond to an emergency related to this medication/ condition.
- How long the child may need to be under direct observation following administration of medication.
- Whether the child should rest and when the child may return to normal activities.

Physician: _____ Date of Last Physical Exam: _____ Current Date: _____

Address: _____ Telephone: _____

Signature: _____

PHYSICIAN PHYSICIAN'S ASSISTANT NURSE PRACTITIONER

PART B: EPIPEN TRAINING LOG

Name of Child: _____

Name of Designated Trainer: _____ Date of Training: _____

Name of all Staff Present during Training: _____

Signature of Trainer: _____ Date: _____

Signatures of Staff:		Date:		Signatures of Staff:		Date:	
Signatures of Staff:		Date:		Signatures of Staff:		Date:	
Signatures of Staff:		Date:		Signatures of Staff:		Date:	
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