

2527.5 AUTO-INJECTOR QUESTIONNAIRE

Other procedure sheets that need to be filled out:

- # 2527.1 Medicine Dispensing Information
- # 2527.2 Permission to Dispense Medication
- # 2527.3 Medication Dispensing Log (Use one form for each participant)
- #2527.4 Inhaler or Auto Injector (Waiver and Release)

Participant Name: _____ **Date:** _____

ALLERGIC TO: _____

SEVERITY OF ALLERGY: Radioallergosorbent test (RAST) scale:

- | | |
|-----------------------|---|
| ___Allergen Level 0 | Absent or Undetectable Allergen Specific |
| ___Allergen Level 1 | Low of Allergen Specific |
| ___Allergen Level 2 | Moderate Level Of Allergen Specific |
| ___Allergen Level 3 | High Level Of Allergen Specific |
| ___Allergen Level 4/5 | Very High Level Of Allergen Specific |
| ___Allergen Level 6 | Extremely High Level Of Allergen Specific |

SYMPTOMS: _____

PARTICIPANT'S AWARENESS OF ALLERGY:

- | | | |
|--|-----|----|
| • Does participant have awareness of allergy? | YES | NO |
| • Does participant know what foods/items to avoid? | YES | NO |
| • Does participant have a tendency to grab other's food? | YES | NO |
| • Can participant self-administer their own epi-pen? | YES | NO |

EPI PEN

If epi-pens are provided, the park district requests two; either two for multiple staff members or one for staff and one for the child. If the child can self-administer, Epi Pens have clip on them that can be clipped on a belt that way it is always on the child when they need it and not in a backpack. Staff that carries it should always be near the participant in the same room, bus or outside near the child who needs it.

SPECIFIC PROTOCOL FOR REACTION: _____

OTHER NOTES: _____

Completed By: _____

Print Name

Signature

Date Approved by Executive Director: 04/19/2016
Director's Signature: <i>Rita Fletcher</i>
Revised/Reviewed Date: 04/19/16

