

## VALLEY COMMUNITY BAPTIST CHURCH HEALTH INFORMATION AND EPIPEN ADMINISTRATION POLICIES AND PROCEDURES

### Overview:

VCBC 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 us 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 the reverse side of the *Detailed Health Form*, as well as a 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 Welcome Desk, or on the church web site at [valleycommunity.cc](http://valleycommunity.cc) If you have any questions or concerns, please contact Lois Hales at 80-673-6826 x 115 or [lhales@valleycommunity.cc](mailto:lhales@valleycommunity.cc).

### Snack Policies:

Our Children's Ministry strives to be a "tree nut-free and peanut-free zone" The staff will screen snacks we provide against a list of tree nut and peanut allergens and will ask parents and teachers who may bring in snacks to do the same.

The following are foods that are generally served at our Weekend Communities:

- Infants through Crawlers – Cheerios (if you prefer that Cheerios not be provided please write your child's teacher a short note)
- Walkers – Goldfish and Cheerios
- Preschool through Kindergarten – Graham crackers, Goldfish, Pretzels and Ritz crackers
- First through Fifth Grade – No snack is served on a regular basis.

Parents are welcome to bring snacks for their own child if he or she cannot have any of the above items.

A list of ingredients for snacks usually provided by the church will be available at the Children's Welcome Desk.

Outside snacks are sometimes brought in for special occasions. **Parents are responsible for watching for any bright orange "Special Snack" signs outside the classroom door or in large group areas and ensuring that their child may safely enjoy the snack or informing their child's teacher if the snack should not be given.** If available, 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 Allergy Form*. If the child may require the use of an EpiPen, please also complete the reverse side of the *Detailed Allergy Form*.
  - a. Forms can be obtained at our Children's Welcome Desk or on our church website at [www.valleycommunity.cc/309517.html](http://www.valleycommunity.cc/309517.html).
  - b. New *Detailed Allergy Forms* will be distributed at the start of each school year so we can update our records.
  - c. If there is a change in the child's allergies and/or dosage or conditions under which EpiPens are to be given during a school year, please submit a new *Detailed Allergy Form*.
2. A half-sheet *EpiPen Administration Permission Form* should be completed and included in a zip lock bag with provided EpiPens, consistent with EpiPen policies below. *EpiPen Administration Permission Forms* may be reused 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 be 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 possible use of an EpiPen, we must have the following:
  - a. A *Detailed Allergy Form* completed on both sides and signed by the parent or the legal guardian.
  - b. EpiPens (preferably two) 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 has any health issues or allergies, pick up an orange “Allergy/Health Issues” sticker for nursery and preschool children at the Children’s Welcome Desk or at your child’s classroom door. Complete the requested information and place the sticker on the **back** of your child to alert the staff and volunteers. If needed, feel free to use more than one sticker.
2. Remind the classroom teacher about your child’s health issues or allergies each time you take him or her to class or an event. We strongly suggest that you attend the same service each week so staff and volunteers become familiar with your child’s specific needs and can provide the best possible care for your child.
3. If your child may require the use of an EpiPen , place the EpiPens (preferably two) into a zip lock bag with the completed half-sheet *EpiPen Administration Permission Form* which may be reused from week to week.
4. 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 or her own EpiPens.
5. EpiPens should be put by the classroom staff or volunteer into the Emergency Containers located inside all classroom doors and large group areas where they can be picked up by parent at the end of the service. A classroom teacher can show you the location of the container for your child’s specific classroom and/or age group.
6. Should a child stay in the classroom for two services, a Children’s Ministry staff or volunteer will be responsible for moving a child’s EpiPen to his or her new location, if applicable.
7. If your child has an anaphylactic reaction and has an EpiPen, the following will Be done:
  - a. The EpiPens in their 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 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 pager or by cell phone number.
8. Take your child’s EpiPens with you at the end of the class or event. The Children’s Ministry staff is not responsible for any medication left at VCBC and does not store EpiPens. If you accidentally leave EpiPens, you will be called to come pick them up from a locked cabinet located in the Children’s Ministry Office.

**VALLEY COMMUNITY BAPTIST 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 ants bites, spider bites, etc.)

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

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

**Drug or Medication** (Penicillin, etc.)

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

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

**Environmental Agents** (dust, pollen, mold, animal dander, poison ivy or oak)

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

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

**Latex**

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 listing the reactions:

\_\_\_\_\_  
\_\_\_\_\_

My child no longer has allergic reaction symptoms to: \_\_\_\_\_

If your child has a severe allergy that requires the administration of an EpiPen, please complete the *EpiPen Administration Permission Form* on the reverse side of this form.

*I have read and understand that Valley Community Baptist church Children's Ministry will not administer any medication except for an EpiPen by a trained staff member or key volunteer in the event of an emergency.*

\_\_\_\_\_  
Parent or Legal Guardian Printed Name      Parent or Legal Guardian Signature      Date

**DETAILED HEALTH FORM AND RELEASE  
(Part 2 - EpiPen Administration Permission)**

**To be completed by parent or legal guardian and kept on record by VCBC Children's Ministry staff:**

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

I hereby authorize the Valley Community Baptist Church Children's Ministry staff and volunteers to administer an EpiPen to my child if he or she has known exposure and/or a severe allergic reaction to a specified allergen. I agree to release, indemnify, defend and hold harmless Valley Community Baptist 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 *Allergy Information and EpiPen Administration Policies and Procedures* and agree to provide two EpiPens 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 or she will carry EpiPens **at all times**.

\_\_\_\_\_  
Parent or Legal Guardian Printed Name      Parent or Legal Guardian Signature      Date

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
VCBC Children's Ministry Staff Printed Name      VCBC Children's Ministry Staff Signature      Date

**EPIPEN ADMINISTRATION PERMISSION FORM AND RELEASE**

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

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 Valley Community Baptist Church Children's Ministry staff and volunteers to administer an EpiPen to my child if he or she has known exposure and/or a severe allergic reaction to a specified allergen. I agree to release, indemnify, defend and hold harmless Valley Community Baptist 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:

- EpiPen** (the premeasured dose is 0.3mg. of Epinephrine)
- 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 or she will carry EpiPens **at all times**.

Parent/Legal Guardian Printed Name	Parent/Legal Guardian Signature	Date

**EPIPEN ADMINISTRATION PERMISSION FORM AND RELEASE**

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

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 Valley Community Baptist Church Children's Ministry staff and volunteers to administer an EpiPen to my child if he or she has known exposure and/or a severe allergic reaction to a specified allergen. I agree to release, indemnify, defend and hold harmless Valley Community Baptist 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.

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- 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 or she will carry EpiPens **at all times**.

Parent/Legal Guardian Printed Name	Parent/Legal Guardian Signature	Date