



# Emergency Care Severe Allergies 2017-2018 Academic Year

Student's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Class \_\_\_\_\_ Teacher \_\_\_\_\_

## Part I: Instruction Record To be Completed by Physician

Your patient, the above-identified child, is enrolling at St. James Lutheran School. The child's parents/guardians have requested that St. James provide emergency or other medical care in the event the child comes into contact with certain allergens as described below. Please complete Part I of this Authorization for Emergency Care. This Authorization for Emergency Care will remain in the child's file at St. James and assist us with the care and needs of the child. If you need to provide further instructions or clarifications, please do so on a separate sheet of paper, which will become a part of this record.

### **Allergens**

*Please provide a complete list of all events and/or substances that may trigger a severe allergic reaction in the child:*

- Bee Sting
- Other Insect Bites (identify): \_\_\_\_\_
- Animal Fur (identify): \_\_\_\_\_
- Food Allergy: \_\_\_\_\_
- Other: \_\_\_\_\_

### **Symptoms**

*Please provide a complete list of all signs and symptoms that indicate that the child has come into contact with an allergen and that he or she requires emergency treatment:*

- Hives
- Swelling
- Shortness of Breath or Difficulty Breathing
- Vomiting
- Diarrhea
- Other \_\_\_\_\_

## **Emergency Procedures**

Please indicate all steps necessary and the order in which they should be taken.

- Administer EpiPen, Jr. or \_\_\_\_\_
- Give the Following Medication \_\_\_\_\_
- Call Emergency Personnel (911)  Call the Child's Parents/Guardians
- Other (explain) \_\_\_\_\_

## **Emergency Medication**

Name of Medication \_\_\_\_\_

Description \_\_\_\_\_

Dosage and Instructions \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Does the medication need to be refrigerated?  Yes  No

## **Recreational Activities**

May the child participate in physical activities?  Yes  No

Identify any restrictions on physical activity \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Child's Physician**

Physician's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Part II: Authorization to be completed by parents

### **Medication**

Please list all medications that the child is currently taking so this information can be communicated to emergency personnel if necessary. Please provide the name and expiration date of the emergency

medication: \_\_\_\_\_

### **Parent/Guardians**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

By signing this form, we authorize St. James Lutheran School to provide emergency care to our child, including administering emergency medication as authorized in this Authorization for Emergency Care. We acknowledge and understand that St. James does not have a certified nurse or other health care professional on staff at the premises, and we consent to the administration of emergency medication to our child, as provided in the Authorization for Emergency Care, by an individual who is not a certified nurse or health care professional. We agree to ensure that all medication is properly labeled and replaced prior to the expiration date. We agree to update this form prior to the beginning of each school year or sooner if our child's needs change.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Release and Waiver of Liability for Administering Emergency Care

We, \_\_\_\_\_ and \_\_\_\_\_

are the parents/guardians of \_\_\_\_\_  
and we desire to enroll our child at St. James Lutheran School. We have requested and authorized St. James to provide emergency care, including the administration of emergency medicine, to our child and to take other actions identified in the authorization for Emergency Care to which this Release and Waiver of Liability is attached. We hereby release and forever discharge St. James, its members, administrators, employees, volunteers and the parents/guardians of its students from any all causes of action and claims of any type arising our of or related to providing emergency care including administering emergency medication and taking other identified in the Authorization for Emergency Care. Further, we agree to indemnify and hold harmless St. James, its members, administrators, employees, volunteers and the parents/guardians of its students from and against any and all claims, damages, causes of action or injuries incurred or resulting from providing emergency car, including administering emergency medication, and taking other actions identified in the Authorization for Emergency Care. This Release and Waiver of Liability is made on behalf of ourselves, individually, and our child, as his/her parents/guardians.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

