

**SEVERE ALLERGIES
AUTHORIZATION FOR EMERGENCY CARE OF CHILDREN**

Date: _____

Dear Health Care Provider,

Your patient, _____, is enrolled in First Baptist Georgetown Children's Weekday Education and we have been requested to provide certain emergency care for the prevention of anaphylaxis in the event the child comes into contact with a certain allergen(s), as described below. Please complete Part I of this instruction record. This record will remain in the child's file at First Baptist Georgetown Children's Weekday Education so we may assist with the allergy 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 and will be kept with this form in the child's file at First Baptist Georgetown Children's Weekday Education.

PART I (to be completed by a LICENSED HEALTH CARE PROVIDER)

Child's Name: _____ Child's Date of Birth: _____

Known Allergens: (Please provide a complete list of all events and/or substances that may trigger a severe allergic reaction [i.e. Anaphylactic shock] in the child.)

_____ Bee Sting

_____ Other Insect Bite(s): (identify): _____

_____ Animal(s): (identify): _____

_____ Food Allergy: (identify all foods or groups of foods that trigger an allergic response and the method of exposure ie. ingestion, airborne contact, skin contact): _____

_____ Other: (identify): _____

SYMPTOMS: (Please provide a complete list of all symptoms that indicate the child has come into contact with an allergen and requires emergency treatment.)

_____ Shortness of Breath

_____ Swelling of the Face or Lips

_____ Hives

_____ Vomiting

_____ Diarrhea

_____ Other: (explain): _____

PROCEDURES: (Please indicate all steps necessary and the order in which they should be taken.)

_____ Administer the following Medication: (provide name, dosage, and method of administration): _____

_____ Administer EPI-PEN: (provide instructions for administration)

_____ Call Emergency Medical Services (911)

_____ Call the child's parent or guardian

_____ Other (explain): _____

_____ DO NOT administer medication in the absence of KNOWN exposure to allergen

RECREATIONAL ACTIVITIES:

1. The child may participate in recreational activities. yes no

2. Recreational Activity Restrictions: none some restrictions
(Explain recreational activity restrictions): _____

HEALTH CARE PROVIDER INFORMATION:

Office: _____

Name: _____

Address: _____

Phone #: _____ Fax #: _____

Signature: _____ Date: _____

PART II: (to be completed by the CHILD'S PARENT(S) and/or Legal Guardian)

By signing this form, I/We authorize First Baptist Georgetown Children's Weekday Education to follow the instructions contained in this Authorization for Emergency Care of Children with Severe Allergies Form. I/We agree to update this form every six (6) months or sooner if my/our child's needs change.

MOTHER/LEGAL GUARDIAN:

Name: _____

Address (with City & Zip): _____

Phone #: _____ Cell Phone #: _____

Emergency Contact #: _____

Signature: _____ Date: _____

FATHER/LEGAL GUARDIAN

Name: _____

Address (with City & Zip): _____

Phone #: _____ Cell Phone #: _____

Emergency Contact #: _____

Signature: _____ Date: _____

This completed Authorization for Emergency Care for Children with Severe Allergies Form was received by First Baptist Georgetown Children's Weekday Education on (date) _____. This Form must be updated by (date) _____.

Received By: (Print Name) _____

Signature: _____

Title: _____

**SEVERE ALLERGIES RELEASE AND WAIVER OF LIABILITY
FOR ADMINISTERING EMERGENCY CARE**

(For PARENTS to Fill Out and Sign)

This is a RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING EMERGENCY TREATMENT TO CHILDREN WITH SEVERE ALLERGIES (hereinafter, referred to as the "Release")

Made this _____ day of _____, 20____, by and between First Baptist Georgetown Children's Weekday Education and _____ who are the Parent(s) and/or Legal Guardian(s) of _____ (child's name).

WHEREAS, First Baptist Georgetown Children's Weekday Education provides child care services and the Parent(s)/Legal Guardian(s) have engaged First Baptist Georgetown Children's Weekday Education to provide child care services for _____ (child's name);

WHEREAS, First Baptist Georgetown Children's Weekday Education has been requested by the Parent(s)/Legal Guardian(s) to administer emergency treatment (including the administration of epinephrine) to the child during certain emergency situations when the child has come in contact with an allergen and is in danger of anaphylaxis, as prescribed in writing on the child's "Authorization for Emergency Care of Children with Severe Allergies Form" all in accordance with and subject to First Baptist Georgetown Children's Weekday Education's policy for administering emergency treatment to children with severe allergies.

NOW THEREFORE, in consideration of the agreements and covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto hereby agree as follows:

1. Parent(s)/Legal Guardian(s) hereby release and forever discharge First Baptist Georgetown Children's Weekday Education and its employees or agents from any liability arising in law or equity as a result of First Baptist Georgetown Children's Weekday Education's employees or agents administering epinephrine and providing other emergency care in conformance with the child's "Authorization for Emergency Care of Children with Severe Allergies Form" (hereinafter referred to as the "Authorization"), provided that First Baptist Georgetown Children's Weekday Education has used reasonable care in administering epinephrine and in providing other authorized care in accordance with the Authorization.
2. This Release shall be governed by the laws of the State of Texas, which is the location of the First Baptist Georgetown Children's Weekday Education facility in which the child is enrolled, excluding its choice of law provisions.
3. This Release supersedes and replaces all prior negotiations and all agreements proposed or otherwise, whether written or oral, concerning all subject matters covered herein. This instrument, along with the Authorization (including any additional health care provider's instructions or clarifications), that is hereby incorporated by reference, constitutes the entire agreement among the parties with respect to the subject matters discussed herein.

4. The reference in this Release to the term First Baptist Georgetown Children’s Weekday Education shall include First Baptist Georgetown Children’s Weekday Education its affiliates, successors, directors, officers, employees, and representatives. The terms Parent(s)/Legal Guardian(s) shall include the dependents, heirs, executors, administrators, assigns, and successors of each.

5. If one or more of the provisions of this Release shall for any reason be held invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect or impair any other provision of the Release. This Release shall be construed as if such invalid, illegal, or unenforceable provisions had not been contained herein.

First Baptist Georgetown Children’s Weekday Education

Agency Address: 1333 W. University Ave.
Georgetown, TX 78628

Name: (print) Paula Miller

Signature: _____

Title: Director

Date: _____

PARENT(S)/LEGAL GUARDIAN(S):

Name: (print) _____

Signature: _____

Relationship: _____

Date: _____

Name: (print) _____

Signature: _____

Relationship: _____

Date: _____