

**ST. THOMAS AQUINAS EARLY CHILDHOOD CENTER
AUTHORIZATION FOR EMERGENCY CARE OF
CHILDREN WITH SEVERE ALLERGIES**

(This form is only required if your child has a severe allergy)

Date: _____

Dear Health Care Provider,

Your patient _____ is enrolled in St. Thomas Aquinas Early Childhood Center 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 St. Thomas Aquinas Early Childhood Center 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 St. Thomas Aquinas Early Childhood Center.

PART I (to be completed by a Licensed Health Care Provider)

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

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 must be avoided): _____

_____ 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: All medication must be in original packaging with original prescription clearly labeled with child's name and all necessary dosage information. (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

3. (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 St. Thomas Aquinas Early Childhood Center 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 year or sooner if my/our child's needs change.

PARENT(S)/LEGAL GUARDIAN(S):

Name: _____ Relationship: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Emergency Contact #: _____

Signature: _____ Date: _____

Name: _____ Relationship: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Emergency Contact #: _____

Signature: _____ Date: _____

This completed Authorization for Emergency Care for Children with Severe Allergies Form was received by St. Thomas Aquinas Early Childhood Center on (date) _____. This Form must be updated by (date) _____.

Received By: (Print Name) _____

Signature: _____

Title: _____

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

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 St. Thomas Aquinas Early Childhood Center and _____ (Parent(s)/Legal Guardians) who are the Parent(s) and/or Legal Guardian(s) of _____ (child's name).

WHEREAS, St. Thomas Aquinas Early Childhood Center provides child care services and the Parent(s)/Legal Guardian(s) have engaged St. Thomas Aquinas Early Childhood Center to provide child care services for _____ (child's name);

WHEREAS, St. Thomas Aquinas Early Childhood Center 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 St. Thomas Aquinas Early Childhood Center'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 St. Thomas Aquinas Early Childhood Center and its employees or agents from any liability arising in law or equity as a result of St. Thomas Aquinas Early Childhood Center'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 From" (hereinafter referred to as the "Authorization"), provided that St. Thomas Aquinas Early Childhood Center 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 Florida which is the location of the St. Thomas Aquinas Early Childhood Center 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 St. Thomas Aquinas Early Childhood Center shall include St. Thomas Aquinas Early Childhood Center 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 or 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.

St. Thomas Aquinas Early Childhood Center
8320 Old C.R. 54
New Port Richey. FL 34653

Name: (print) _____

Signature: _____

Title: _____

Date: _____

PARENT(S)/LEGAL GUARDIAN(S):

Name: (print) _____

Signature: _____

Relationship: _____

Date: _____

Name: (print) _____

Signature: _____

Relationship: _____

Date: _____