



Elbow Lane School

828 Elbow Lane, Warrington, PA 18976
School: 215-343-2124 Fax: 215-933-1469
Director: Lisa Puchalski mrspl@elbowlane.com
Asst. Director: Jenn Kunigus jennk@elbowlane.com

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

CHILDREN WITH SEVERE ALLERGIES

For the safety of your child, parents are required to provide a signed copy of the “Authorization for Emergency Care for Children with Severe Allergies” form, detailing any allergies, food or otherwise, from which their child suffers, at the time of enrolment or when the allergy is discovered. This form must be completely filled out by the child’s physician and parent(s) or legal guardian (s), and must be updated every six months, or more frequently, as needed. In addition to this form, parents must provide a copy of any additional physician’s orders and procedural guidelines relating to the prevention and treatment of the child’s allergy.

This is a release and waiver of liability for administering emergency treatment to children with sever allergies (hereinafter, referred to as the “release”)

Made this _____ day of _____, 20___, by and between Elbow Lane School and

_____ who are the parent(s) and/or legal guardian(s) of _____ (Child’s Name).
(Parent(s)/Legal Guardians) (Child’s Name)

WHEREAS, Elbow Lane School and Child Care provides child care services for _____.
(Child’s Name)

WHEREAS, Elbow Lane School and Child Care 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 a Child with Severe Allergies Form” (hereinafter referred to as the “Authorization”) all in accordance with and subject to Elbow Lane School and Child Care’s policy for administering emergency treatment to children with sever allergies.

NOW THEREFORE, in consideration of the agreements and covenants contained herein and 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 Elbow Lane School and Child Care and its employees or agents from any liability arising in law or equity as a result of Elbow Lane School and Child Care’s and its employees or agents administering epinephrine and providing other emergency care in conformance with the child’s “Authorization,” provided that Elbow Lane School and Child Care 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 Pennsylvania which is the location of Elbow Lane School and Child Care 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 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 Elbow Lane School and Child Care shall include to Elbow Lane School and Child Care, its affiliates, successors, directors, officers, employees, and representatives. The term 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 effect or impair any other provision of the release. This release shall not be constructed as if such invalid, illegal or enforceable provision has not been contained herein.

Elbow Lane School
828 Elbow Lane
Warrington, PA 18976

Name: _____
(Print)

Title: _____

Signature: _____

Date: _____

Parent(s)/Legal Guardian(s)

Name: _____
(Print)

Relationship: _____

Signature: _____

Date: _____

Name: _____
(Print)

Relationship: _____

Signature: _____

Date: _____



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

Dear Health Care Provider,

Your patient, _____ is enrolled at Elbow Lane School and Child Care 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 Elbow Lane School and Child Care 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 Elbow Lane School and Child Care.

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) _____

_____ Animals: Identify _____

Food Allergies (Please identify all foods or food groups that must be avoided):

Other: _____

AUTHORIZATION FOR EMERGENCY CARE OF CHILDREN WITH SEVERE ALLERGIES

Part II

By signing this form I/We authorize Elbow Lane School and Child Care to follow the instruction 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.

Child's Name _____ Date of birth _____

Parent(s)/Legal Guardian(s)

Name: _____ Relationship: _____

Address: _____ Phone: () _____

Work/Cell: () _____

Signature: _____ Date: _____

Name: _____ Relationship: _____

Address: _____ Phone: () _____

Work/Cell: () _____

Signature: _____ Date: _____

This completed Authorization for Emergency Care of Children with Severe Allergies Form was received by Elbow Lane School on ____-____-____ and must be updated in six (6) months from the received date.

Received By: _____ Print Name: _____

Date: _____ Update: _____

Parent Signature _____ Print Name _____

Office Signature _____ Date _____

Child's Name _____ Date of birth _____

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

_____ Shortness of Breath _____ Swelling of 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 Service (911)

_____ Call child's parent or guardian

_____ Other (explain): _____

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

RECREATIONAL ACTIVITIES:

1. The child may participate in recreational activities. Yes _____ No _____

2. Recreational activity restrictions. None _____ Some restrictions _____ (please explain)

HEALTH CARE PROVIDER INFORMATION:

Office: _____

Name: _____

Address: _____

Phone # () _____

Fax # () _____

Signature: _____

Date: _____