

**AUTHORIZATION & ACTION PLAN FOR EMERGENCY CARE OF
CHILDREN WITH SEVERE ALLERGIES**

Date: _____

Dear Health Care Provider,

Your patient, _____, is enrolled in Kinder Works 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, OR ATTACH YOUR ACTION PLAN, and in either case, sign this form below. This record will remain in the child's file at Kinder Works 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 Kinder Works.

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 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: (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: Signature Page (to be completed by the child's Parent(s) and/or Legal Guardian)

By signing this form, I/We authorize Kinder Works to follow the instructions contained in this Authorization & Action Plan 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. Please also refer to the "Family Responsibility" section under "Medication/Special Needs" in the Parent Handbook, which stipulates that you must provide properly labeled medications and replace them upon expiration according to package directions &/or physician's instructions.

MOTHER/LEGAL GUARDIAN:

Name: _____

Signature: _____ Date: _____

FATHER/LEGAL GUARDIAN

Name: _____

Signature: _____ Date: _____

This completed Authorization for Emergency Care for Children with Severe Allergies Form was received by Kinder Works on (date) _____

Kinder Works signature _____

This Form must be updated as follows, and if there are any changes to the Action Plan, the parent must provide Kinder Works with those changes in writing:

December 1st, Parent Signature _____

Kinder Works initials: _____

April 1st, Parent Signature _____

Kinder Works initials: _____

**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 _____, 200__, by and between Kinder Works and _____
_____ who are the Parent(s) and/or Legal
Guardian(s) of _____ (child's name).

WHEREAS, Kinder Works provides child care services and the Parent(s)/Legal Guardian(s) have engaged
Kinder Works to provide child care services for _____ (child's name);

WHEREAS, Kinder Works 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 Kinder Works' 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 Kinder Works and its employees or
agents from any liability arising in law or equity as a result of Kinder Works' 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 Kinder Works 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 the
Kinder Works 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 Kinder Works shall include Kinder Works 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.

Kinder Works: _____

Agency Address: _____

Name: (print) _____

Signature: _____

Title: _____

Date: _____

PARENT(S)/LEGAL GUARDIAN(S):

Name: (print) _____

Signature: _____

Relationship: _____

Date: _____

Name: (print) _____

Signature: _____

Relationship: _____

Date: _____