



# Authorization For Emergency Care of Children With Severe Allergies

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Known Allergens: Please indicate all events and /or substances that may trigger a severe allergic reaction in the child.

- Bee Sting
- Food Allergy (identify all foods that trigger an allergic response and the method of exposure ie. ingestion, airborne contact, skin contact)

\_\_\_\_\_  
\_\_\_\_\_

- Other (identify):

\_\_\_\_\_

List symptoms to look for:

- Shortness of breath or difficulty breathing
- Hives
- Vomiting
- Swelling of the face or lips
- Other: (explain):

\_\_\_\_\_  
\_\_\_\_\_

Procedures:

\_\_\_\_\_ Administer EpiPen when child shows (list symptoms) \_\_\_\_\_

\_\_\_\_\_

List specific, step by step instructions for administration of EpiPen:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Call 911

\_\_\_\_\_ Call Parent or Guardian. List **ALL** possible contact numbers in the order we should try calling, indicating home/cell/pager and mom/dad/relative

---

---

---

---

---

---

\_\_\_\_ Other: \_\_\_\_\_

(I), (We), the undersigned, the parent(s)/guardian(s) of \_\_\_\_\_, a minor, do hereby authorize Science Explorers, Inc. and contractors, to administer emergency treatment, including the administration of epinephrine, to our child during certain emergency situations when our child has come into contact with an allergen and is in danger of anaphylaxis.

Parent/Guardian Name: \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

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

Emergency Contact # \_\_\_\_\_

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



## **Release and Waiver of Liability for Administering Emergency Treatment 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 Science Explorers, Inc. and \_\_\_\_\_(parent/guardian) residing at \_\_\_\_\_(address) who is the guardian of \_\_\_\_\_(child's name) .

Whereas, Science Explorers provides science enrichment programs for children at numerous facilities across the country and the guardian has engaged Science Explorers to provide science camp/club for \_\_\_\_\_(child's name).  
Whereas, Science Explorers has been requested by the guardian to administer emergency treatment, including the administration of epinephrine, to the child during certain emergency situations when the child has come into 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," all in accordance with and subject to Science Explorers, Inc. 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/Guardian hereby releases and forever discharges Science Explorers, Inc. and its employees or agents from any and all liability arising in law or equity as a result of Science Explorers, Inc. 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," hereinafter referred to as the "Authorization," provided that Science Explorers, Inc. 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 \_\_\_\_\_, which is the location of the Science Explorers camp/club 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 physician's instructions or clarifications) which 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 Science Explorers, Inc. shall include Science Explorers, Inc., its affiliates, successors, directors, officers, employees and representatives. The term parent/guardian 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 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 constructed as if such invalid, illegal or unenforceable provisions had not been contained herein.

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### **Allergy Treatment Training Acknowledgement**

I, \_\_\_\_\_ (Science Explorer's affiliate), have been trained by \_\_\_\_\_ (parent/guardian/designee) to administer Epinephrine and/or provide other emergency care to \_\_\_\_\_ (child), a child enrolled at Science Explorers' club/camp.

In the event that the child has been exposed to \_\_\_\_\_ and is at risk of anaphylactic reaction, or if the child exhibits the symptoms described in the "Authorization for Emergency Care of Children with severe Allergies," which is attached to and made a part of this Acknowledgment.

Name: \_\_\_\_\_ (Science Explorer's affiliate)

Signature: \_\_\_\_\_

Date of Training: \_\_\_\_\_

Signature: \_\_\_\_\_ (Parent/Guardian)