

AUTHORIZATION FOR EMERGENCY CARE OF CHILDREN WITH SEVERE ALLERGIES

Dear Doctor: _____ . Date: _____

Your patient, _____ is enrolled/enrolling in our School 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 Shining Star Montessori Learning Center so we may assist with the allergy care and needs of our enrollee and your patient. 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 Shining Star Montessori Learning Center.

PART I (to be completed by physician)

Child's Name: _____ Child's Birthdate: _____

Allergens: Please provide a complete list of all events and/or substances that may trigger a severe allergic on (e.g., anaphylactic shock) in the child.

____ Bee Sting

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

____ Animal Fur: (identify) _____

____ Food Allergy: (identify all foods that must be avoided)

____ Other: (identify)

____ Do not administer medication in the absence of known exposure to allergen. (explain):

Symptoms: Please provide a complete list of all symptoms that indicate that the child has come into contact with an allergen and that he or she requires emergency treatment.

___ Shortness of Breath or Difficulty in Breathing

___ Swelling of the Face or Lips

___ Hives

___ Vomiting

___ Diarrhea

___ Other: (explain):

Child's Physician:

Name: _____

Address: _____

Telephone No.: _____

Emergency Contact No.: _____

Signature: _____ Date: _____

PART II (to be completed by Parent(s)/Guardian(s))

Parent(s)/Guardian(s):

Name: _____

Address: _____

Telephone No.: _____

Emergency Contact No.: _____

Name: _____

Address: _____

Telephone No.: _____

Emergency Contact No.: _____

By signing this form, I/We authorize Childtime Childcare to follow the above instructions in the Authorization form. I/We agree to update this form every six (6) months, or sooner if my/our child's needs change.

Signature: _____
(Parent(s)/Guardian(s))

Date: _____

Signature: _____
(Parent(s)/Guardian(s))

Date: _____