



Dear Parent/Guardian,

Please fill out this form and make arrangements to meet with our instructor prior to the first club/camp session to review your child’s allergy, symptoms to look for, and provide training on how to administer the EpiPen in the event of an emergency. Also, the parent/guardian must make arrangements to have an EpiPen accessible to Science Explorers’ instructor during our club/camp program. Both the parent/guardian and instructor must review and sign the Allergy Treatment Training Acknowledgement form.

Thank you,
Science Explorers

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 and allergic response and the method of exposure ie. ingestion, airborne contact, skin contact)

- Other (identify): _____

List Symptoms to look for:

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

Procedures:

1. Administer EpiPen (Instructions for administration below)
2. Call emergency Medical Services (911)
3. Call parent of guardian
4. Other: _____

Health Insurance Provider: _____ Health Insurance Policy Number: _____

(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

We have registered our child for this program and have given permission for said child to attend and participate in the Science Explorers Program.

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 Administering 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)

Parent(s) or Legal Guardian(s): _____ *Please print*

Parent(s) or Legal Guardian(s): _____ Signature(s)

**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 in which the location of the Science Explorers camp/club is held 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: _____