



**Allergies and Medical Restrictions
Epipen Authorization and Waiver of Liability**

Child's Name: _____ Date of Birth: _____

Does your child have any allergies (e.g., Food, Environmental, Lotions/Creams, etc.)?
 _____ Yes _____ No

If Yes, please list, and indicate type of reaction:
 (If your child's reaction is severe please supply the center with additional medical advice from your doctor.)

Allergy (please list each separately)	Reaction	Plan for Management
1.	___ Mild ___ Severe Describe:	
2.	___ Mild ___ Severe Describe:	
3.	___ Mild ___ Severe Describe:	
4.	___ Mild ___ Severe Describe:	
5.	___ Mild ___ Severe Describe:	
6.	___ Mild ___ Severe Describe:	

Does your child suffer from Asthma? ___ Yes ___ No

If yes, please answer the following

1. Does your child have a Rescue Inhaler and/or Spacer Inhaler ___ Yes ___ No
2. Does your child self administer the medication or is assistance needed? _____
3. Name of the medication _____
4. Dose to be given _____

Please include any preventative information and/or symptoms that we need to know to help ensure the safety of your child (please list any medical restrictions here):

- PLEASE SEE Next Page FOR ADDITIONAL INFORMATION -



What actions would you like us to take if we observe what appears to be an allergic reaction?

Action for Minor Reaction:

1. If Symptoms are:

2. Administer (medication/dose/route):

3. Then call Parent/Guardian

Action for Severe Reaction:

1. If Symptoms are:

2. Administer (medication/dose/route):

3. Call 911

4. Then call Parent/Guardian

Does your child require the use of an EpiPen in the event of a severe allergic reaction?

_____ **Yes** _____ **No**

If yes, do you authorize BY YOUR SIDE-Autism Therapy Services staff to administer or attempt to administer to your child?

_____ Yes _____ No

If yes, do you authorize BY YOUR SIDE-Autism Therapy Services to allow your child to self administer the lawfully prescribed EpiPen?

_____ Yes _____ No

(Important Note: In the event that we administer an EpiPen to your child, we will first administer the EpiPen, then call 911, and then call you as quickly as possible)

Parent/Guardian Signature: _____ Date: ____/____/____

Printed Name: _____