



ALLERGY ACTION PLAN AND PERMISSION TO MEDICATE

Student's Name: _____ **Date of Birth:** _____

Allergy to: _____

Parent/Guardian Name: _____ **Contact Phone:** _____

Emergency Contact Name: _____ **Phone:** _____

Asthmatic: Yes* *Higher risk for severe reaction
 No

Please initial

_____ I, the parent of _____ (child's name), give permission to the Children's Ministry staff at Christ Church Plano to administer allergy medication as noted below. I will leave the amount equivalent to one (1) full dose of the medication – in its original container and clearly labeled with the child's name and/or prescription label – in the Children's Ministry office. I understand that any expired medication will be disposed of safely and properly, and I will be notified before such action occurs.

Symptom(s)	Medication	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____

For Epinephrine Injectors (ex. EpiPen): (please initial, if applicable)

_____ I, _____ (parent/guardian), the parent of _____ (child's name), agree with his/her physician to allow _____ (child's name) to carry his/her epinephrine injector and self-administer his/her epinephrine injector while on church property or at church-related events. I have instructed my child in the proper way to use his/her epinephrine injector. Upon doing this, I realize that the Children's Ministry staff will not have his/her personal epinephrine injector unless I supply the church with an extra one in case my child forgets his/hers. I hereby release and indemnify Christ Church Plano, Inc. from any and all liability, claims and causes of action of any type whatsoever arising out of or in any way connected with any action or reaction occurring from my child's carrying and self-administering their epinephrine injector.

 Parent/Guardian's Signature

 Doctor's Signature

 Date

 Doctor's Phone No.

 Date