

**ST. PATRICK SCHOOL  
BEE STING/FOOD ALLERGY/MEDICAL EMERGENCY ACTION PLAN**

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Teacher: \_\_\_\_\_

Student's allergy: \_\_\_\_\_

Please submit in writing the physician's prescribed treatment. This information will assist the school personnel in providing appropriate treatment to your child in time of need.

**Prescribed Medication (s):**

Antihistamine: \_\_\_\_\_  
(Medication/dose/route)

Epinephrine: \_\_\_\_\_  
(Medication/dose/route)

**STEP 1: TREATMENT**

RAST TEST No \_\_\_\_\_ Yes \_\_\_\_\_ Results \_\_\_\_\_

Symptoms	Give circled medication (To be determined by physician)	
Mouth: Itching, tingling, or swelling of lips, tongue, mouth	Epinephrine	Antihistamine
Skin: Hives, itchy rash, swelling of the face, or extremities	Epinephrine	Antihistamine
Gut: Nausea, abdominal cramps, vomiting, diarrhea	Epinephrine	Antihistamine
Throat: Tightening of throat, hoarseness, hacking cough	Epinephrine	Antihistamine
Lung: Shortness of breath, repetitive cough, wheezing	Epinephrine	Antihistamine
Heart: Thready pulse, low blood pressure, fainting, pale, blueness	Epinephrine	Antihistamine
My child has asthma and uses an inhaler. Yes _____ No _____		

**STEP 2: EMERGENCY CALLS**

1. Call 911(EMS) . State that an allergic reaction has been treated, and additional Epinephrine may be needed.
2. Emergency contacts: Name/Relationship

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE AND CALL 911.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

(Required)

**INDEMNITY HOLD HARMLESS AND RELEASE AGREEMENT**

I (We) \_\_\_\_\_, am (are) the parent(s) or legal guardian(s) of \_\_\_\_\_, a student enrolled at ST. PATRICK SCHOOL. That said child/ward has a medical condition consisting of an allergy to \_\_\_\_\_ which may require said child/ward receiving an emergency injection of a medicine to counter the effects of said allergy.

In the event said emergency occurs I (we) of my (our) own free will do hereby authorize any employee or volunteer of ST. PATRICK SCHOOL to administer or assist my (our) child/ward to administer an injection which I (we) have previously provided my (our) child/ward or the school.

I (We) as a parent(s)/guardian(s) fully understand that I (we) am (are) solely responsible for providing my (our) child/ward or school officials a current unexpired injection kit.

It is my (our) desire to:           **(check one)**

- A. Have my (our) child/ward keep the injection kit in a small fanny pack which will be carried by my (our) child/ward.
- B. Have the injection kit be kept at the School office. I (we) fully understand that if the injection kit is kept in the office it may take time to retrieve it and take it to the location of my (our) child/ward.

**WAIVER OF RISK**

I (We) understand that despite careful actions on behalf of School employees and/or volunteers, there is still a risk involved whenever medications are injected.

In consideration for ST. PATRICK SCHOOL permitting my (our) child/ward to attend school and participate in school activities I (we) agree to

Indemnify, defend, hold harmless, and release  
ST. PATRICK School,

ST. PATRICK Parish and the Roman Catholic Diocese of Gary and their officers, agents, representatives, employees and volunteers against and from any and all claims, suits, losses, costs, damages, expenses and liability arising out of any act or omission or any occurrence, whether or not caused by or resulting from the activity of ST. PATRICK School, ST. PATRICK Parish, the Roman Catholic Diocese of Gary and their officers, agents, representatives, employees and volunteers in the administration of said allergy medication which may cause injury or damage to my (our) child/ward.

This Indemnification, Hold Harmless and Release means that the undersigned **WILL NOT FILE A LAWSUIT OR MAKE A CLAIM** on behalf of themselves or said child/ward against any of the entities or individuals listed above and will pay the costs of defense or damage caused by a claim by or on behalf of said child/ward or the undersigned.

Signed this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
**Parent or Legal Guardian of child**

\_\_\_\_\_  
**Parent or Legal Guardian of child**