

Allergy & Medical Action Plan

Child's Name: _____ D.O.B.: _____

Parent(s) cell #: _____

ATTACH
PICTURE
HERE
OR
EMAIL TO
bhbckids@burnthickory.com

ALLERGIES

ALLERGY TO: _____

Is the allergy (please circle):

- life-threatening
- moderate
- mild/annoying

Should child be restricted from all snacks and drinks (other than water) served by volunteers?

Yes No Explain: _____

◆ SIGNS OF AN ALLERGIC REACTION ◆ (parents complete)

◆ ACTION FOR MINOR REACTION ◆

1. If symptom(s) are: _____,
then _____.

2. Contact Parent? Yes No

Contact Mother (name: _____) cell # _____,

Father (name: _____) cell # _____, or others (please list)

3. Do you wish for us to contact doctor if parent(s) cannot be located? Yes No

Dr. _____ Phone # _____.

If condition does not improve within _____ minutes, the following steps should be taken: _____

◆ ACTION FOR MAJOR REACTION ◆

DO NOT HESITATE TO CALL 911!

1. If symptom(s) are: _____,
then _____.

Then call:

2. 911

3. Contact Mother (name: _____) cell # _____,

Father (name: _____) cell # _____, or others (please list)

4. Do you want us to contact doctor after calling 911? Yes No

Dr. _____ Phone # _____.

MEDICAL CONDITION

MEDICAL ISSUE: _____

Please describe any signs of condition or ways our volunteers may need to assist: _____

◆ INTERVENTION FOR MEDICAL CONDITION ◆

1. If symptom(s) are: _____,

then _____.

2. Contact Parent? ___Yes ___No

Contact Mother (name: _____) cell # _____,

Father (name: _____) cell # _____, or others (please list)

3. Do you wish for us to contact doctor if parent(s) cannot be located? ___Yes ___No

Dr. _____ Phone # _____.

If condition does not improve within _____ minutes, the following steps should be taken: _____

◆ OTHER MEDICAL INFORMATION TO ASSIST CHILDHOOD STAFF◆

Does your child have any developmental differences, such as speech delay, ASD, sensory concerns, ADD/ADHD? ___Yes ___No If yes, please describe: _____

Does your child have behaviors that put self or others at risk? ___Yes ___No

- running away/hiding
- hitting/kicking
- spitting/biting
- other _____

If yes, what tips can you share to help us prevent these or redirect? _____

Permission for Medical Treatment and Release and Indemnity

My permission is granted for any adult present or in charge of _____, to obtain necessary medical attention for my child in case of emergency. I, the undersigned, do hereby release and forever discharge volunteers and employees of Burnt Hickory Baptist Church from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury.

Signature (Parent/Guardian) _____ Date _____

PARENT/PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION BY CHURCH VOLUNTEERS

Requests for the administration of medications by church volunteers may be made as follows:

1. A separate request form is to be completed for each medication.
2. All original, completed forms will be kept on file in the Childhood Ministries office. A copy will be given to the child's teachers and the BHBC volunteer nurse. A copy will also be placed on the appropriate medical binder located at the areas welcome centers.
3. Medication must be in the original, properly labeled container.
4. Medication cannot be stored at the church but should be brought to the teacher each time the child is in the classroom.
5. It is the parent's responsibility to pick up any unused medication at the end of the class.

Date of Request _____ Child's Date of Birth _____

Child's Name _____

Condition for which medication is required: _____

Name of Medication _____

Dosage Instructions (please provide a measuring device) _____

Please list any precautions/side effects of this medication for your child:

Physician's Name _____ Phone Number _____

I, the undersigned, the parent/guardian of (Child's Name) _____
request that the above medication be administered to my child. I also release Burnt Hickory
Baptist Church and its representatives from any liability, understanding that the volunteers and/
or employees of Burnt Hickory Baptist Church are not medical professionals.

Signature _____ Phone Number _____
(Parent/Guardian)

Epi-Pen Release Form

Release and Waiver of All Claims To Administer an Epi-Pen and To Provide Additional Emergency Medical Services

I, the undersigned parent, parents or legal guardian of _____ a minor (hereafter referred to as "My Child"), do hereby voluntarily release and agree to hold harmless Burnt Hickory Baptist Church and its officers, directors, employees, volunteers, agents and affiliates (hereinafter referred to collectively as "BHBC") from any and all losses, damages and claims of any kind that may arise from BHBC administering the Epi-Pen or any other emergency medical services to My Child. Pursuant to this agreement, I understand that in consideration for BHBC agreeing to administer the Epi-Pen and other necessary emergency medical services, I am knowingly and willfully agreeing to waive all claims I or My Child may have against BHBC.

Parent Signature

Date
